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PICK-UP	TIAW	MAIL
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Certified Copies	Certificates o	f Status
		
Special Instructions to Fil	ing Officer:	



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2024 MAR 29 AM 9: 27
TALLAHASSEELFLORIDA



Office Use Only

FLORIDA CAPITAL	COURIER SI	ERVICES, INC	(850) 491-9625 Brandon
2330 CLARE DR	•		. (850) 524-5437 Teresa
TALLAHASSEE, FL 32	309		(850) 524-6243 Rich
		<u>nt:</u> 120210000160: \$2	25.00
Authorization Sign	nature:	an your	
Business Name:	Concierge	Capital, L.L.C.	
Document # Certified Copy Certificate of State	L2400013	7504	
NEW FILINGS	&	<u>AMENDMENTS</u>	
Profit CorpNot for ProfitLimited LiabilityDomesticationLLLPCorpIncOther		Change of Regi Revocation of D Merger Articles of Con	Dissolution version estated Articles of Incorporation
APOSTILLE(s)	&	OTHER FILINGS	
APOSTILLE(s)		Foreign FilingReinstatementQualificationFictitious NamAnnual Report	e
EXAMINER'S INITIALS	S:		

COVER LETTER

TO: Registration Division of C					
CITIES WELL COME.	e Capital, L.L.C.				
	Name of Lis	mited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are su	hmitted for filing			
	condence concerning this matter				
	Jamie L Black				
		Name of Person			
	Concierge Capital, ,L.L.C	•			
		Firm/Company			
	4964 Candlebush Circle				
		Address			
	Sarasota, FL 34241				
		City/State and Zip Code			
	jamieblack.srq@gmail.com				
For further information	concerning this matter, please c	to be used for future annual report nall:	iouncation)		
Jamie L Black		941 961-3470 at ()			
Name	of Person		time Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre	_	Street Address:			
-	Registration Section Division of Corporations		Registration Section		
P.O. Box 632		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



March 29, 2024

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: CONCIERGE CAPITAL, L.L.C.

Ref. Number: L24000137504

We have received your document for CONCIERGE CAPITAL, L.L.C. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in the Articles of Amendment does not match the document number.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

2024 HAR 29 PH 3:1

Letter Number: 924A00006784

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Concierge Capital, L.L.C.	2024 HAR 29 AH 9: 27
(Name of the Limited Liability Company (A Florida Limited Lia	IALLAHASSEE, FLORINA
The Articles of Organization for this Limited Liability Company w	vere filed on 3/20/2024 and assigned
Florida document number L24000137504	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
, 11	
(Mailing address MAY BE A POST OFFICE BOX)	
R. If amonding the veristored egent and/our resistance of the	J
B. If amending the registered agent and/or registered office adengent and/or the new registered office address here:	dress on our records, enter the name of the new registe
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Jamie L Black	4964 Candlebush Circle	■ Add
		Sarasota, FL 34241	□Remove
			☐ Change
			□Add
			□Remove
		·	☐ Change
	·		□Add
			□Remove
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			Remove
	•		□ Change

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Effective date, if other t	han the date of	filing:		((optional)	
(If an effective date is listed, the Note: If the date inserted document's effective date	n this block does	not meet the appl	icable statutory	or more than 90 days filing requirements	aner ning.) Pursua i, this date will not	t be listed as the
the record specifies a delayed ord is filed.	effective date, bu	it not an effective	time, at 12:01 a	.m. on the earlier o	of: (b) The 90th o	lay after the
March 27th		2024				
			 -			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Na	me of the limited liability company: QUIET EMPIRE	PROPE	RTIES, LL	.c
!. (a)		(l	b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	, 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9044 W Atlantic Blvd 318		9044 W	Atlantic Blvd 318
	Coral Springs, FL 33071		Coral Sp	orings, FL 33071
	03/24/2017		L1700006	68006
	Date of filing/registration in Florida	4.	·	Document number
. (a)				
. (a)	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of Sta	 ute:
	WEYNAND, BRIAN		•	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>s)</u>	2021 TĂI
	9044 W Atlantic Blvd 318			1
	Coral Springs . Fi	33071		2024 MAR 21 AH 9: 23 TALLAHASSEE FLORIDA
				Fig. 1
(b)				_ FL
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	ldress:	AH 9: 23
	Corporation Service Company			⊅ '
	NEW Registered Office Address:			
	1201 Hays Street			_
	Tallahassee	32301		
	, r.i.			
hange gent w /as/we	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere ability co of the lin	ed office ar ompany, it i nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
/s/ Br	ian Weynand	Bria	an Weynan	d
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
rovisio he obli o mere	ov accept the appointment as registered agent and agroins of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. It is writing of this change.	ree to act perform d for in (hereby co	in this cap ance of my Chapter 60, onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
$\mathcal{I}\mathcal{I}$	oco 7 - Kuble			
agnatur	re of Registered Agent			