

L24000 B7504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

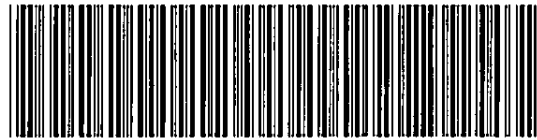
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Certified Copies _____

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FILED
2024 MAR 29 AM 9:27
TALLAHASSEE, FLORIDA

RECEIVED
2024 MAR 28 PM 4:25
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5432 Teresa

(850) 524-6243 Rich

Please use funds from account: 120210000160: \$25.00

Authorization Signature: 

Business Name: Concierge Capital, L.L.C.

Document # L24000137504

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

&

AMENDMENTS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ Corp

☐ Inc

☐ Other

☒ **Amendment**

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Amended & Restated Articles of Incorporation

☐ Statement of Authority

APOSTILLE(s)

&

OTHER FILINGS

☐ APOSTILLE(s)

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ COUNTRY(s)

☐ Fictitious Name

☐ Annual Report

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Concierge Capital, L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

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

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie L Black

941 961-3470
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

Letter Number: 924A00006784

RECEIVED
2024 MAR 29 PM 3:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2024 MAR 29 AM 9:27

TALLAHASSEE, FLORIDA

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

2024 MAR 29 AM 9:21
ALLAHABAD, INDIA

2024 MAR 29 AM 9:21
ALLIANCE, LORDA

75

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated March 27th 2024


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Jamie L Black

Typed or printed name of signee

**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.

1. Name of the limited liability company: QUIET EMPIRE PROPERTIES, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

9044 W Atlantic Blvd 318

9044 W Atlantic Blvd 318

Coral Springs, FL 33071

Coral Springs, FL 33071

03/24/2017

L17000068006

3. Date of filing/registration in Florida 4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

WEYNAND, BRIAN

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

9044 W Atlantic Blvd 318

Coral Springs, FL 33071

FILED
2024 MAR 21 AM 9:23
TALLAHASSEE, FLORIDA

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Brian Weynand

Brian Weynand

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Brian Weynand
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00 CSC COA-3523