

L24000477880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

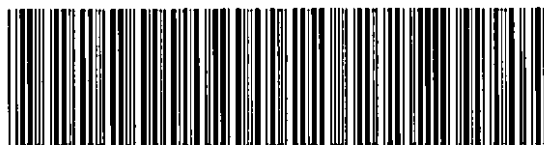
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 JAN 24 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2025 JAN 24 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FL

Amend

JAN 27 2025

D CUSHING

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$25.00

Authorization Signature 

KG Concierge Services, LLC.

Business

#Document

Walk in

___ Will wait

___ Certified Copies of the articles

___ Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
X LLC
___ Domestication
___ INC
___ CORP
___ OTHER

AMENDMENTS

X Amendment
___ Resignation of R.A.
___ Change of Registered Agent
___ Revocation of Dissolution
___ Conversion
___ Statement of Authority
___ Merger
___ Amended and Restated Articles

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OTHER FILINGS

___ TRANSMITTAL LETTER
___ Fictitious Name
___ Statement of Authority
___ APOSTIL _____
 COUNTRY

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
___ Partnership
___ Reinstatement
___ Statement of CORRECTION
___ Domestication of a Foreign Corp.
___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KG Concierge Services, LLC

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:

Kathryne Gorman

Name of Person

KG Concierge Services, LLC

Firm/Company

130 Inkberry Dr

Address

Jupiter, FL 33458

City/State and Zip Code

KATYEGORMAN@GMAIL.COM

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

For further information concerning this matter, please call:

Kathryne Gorman

561

676-2306

at ()

Name of Person

Area Code

Daytime Telephone Number

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JAN 24 2025
REGISTRATION SECTION

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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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KG Concierge Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/12/2024 and assigned
Florida document number L24000477880

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability 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:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida**

City

Zip 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 Changing Registered Agent, Signature of New Registered Agent

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

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Jan 25 2025

Katharine Hornum
Signature of a member or authorized representative of a member

Kathryne Gorman

Typed or printed name of signee

Filing Fee: \$25.00