M17000001035

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Date: May 31, 2017	Account#: I20000000088
Name: Marisa Kugelmann	
Reference #:	
Entity Name: CONCERT INDIAN SPRING, LLC	<u> </u>
Articles of Incorporation/Authorization to Transact Busin	ess
✓ Amendment	
Change of Agent	
Reinstatement	
Conversion	
Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
	•
Authorized Amount: #\$25 .00	

Signature:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears o	n the records of the Florida De	epartment of
State: Concert Indian Spring, LLC		Name
Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		റാ
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		্
2. The Florida document number of this limited liabil	ity company is: M170000	01035
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: Febru	uary 6, 2017	
SECTION II (5-9 complete only the applicable cha	nges)	
5. New name of the limited liability company: (must co	ontain "Limited Liability Com	pany, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managemust contain "Limited Liability Company," "L.L.C."	ing members adopting the alte	siness in Florida and attach a rnate name. The alternate name
6. If amending the registered agent and/or registered or registered agent and/or the new registered office address.		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	Street Address
·		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent a the provisions of all statutes relative to the proper and accept the obligations of my position as registere document is being filed to merely reflect a change in the liability company has been notified in writing of this contents.	nd agree to act in this capacit d complete performance of my d agent as provided for in Cha the registered office address, I	duties, and I am familiar with upter 605, F.S. Or, if this

Peter J. Nanu	la, Managing Member	of Concert Golf Manage	ment, LLC, the Sole Manager of Concert Inc	fian Spring, LLC
Title/Capacity	<u>Name</u>		Address	Type of Action
Managing Member ————	Peter J.	Nanula	1 Coastal Oak, Newport Coast, CA 92657	
				Remov
				Ādd
				Remov
				Add
				Rcmov
			 1+	Add
				Remove
		···		Add
				Remov
aforement	ioned amendmen		an 90 days old, cyldeneing the led by the official having custody o softunided.	frecords in the

Filing Fee: \$25.00