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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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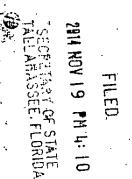
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11 /25/14

COVER LETTER

TO: Amendment Section Division of Corporations astry Ulb Concierge Ylagozine INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment

Articles of Incorporation

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Country Clus Conci	erge		inellikows	_PX 4: 10
(Name of Corperation as currently filed y	vith the Florid	da Dept. of State)	CECRETARY	OF STATE
<u> </u>	DO 1(Q		TALLAHASSE	E, F:LORIDA
(Document Number of Corp	poration (if kn	own)		ં કુલ
ursuant to the provisions of section 607.1006, Florida Stats Articles of Incorporation:	tutes, this <i>Floi</i>	ida Profit Corpor	ation adopts the followi	ng amendment(s)
. If amending name, enter the new name of the corpor	ration:			
				The new
ame must be distinguishable and contain the word "c Corp.," "Inc.," or Co.," or the designation "Corp," "I vord "chartered," "professional association," or the abbr	Inc," or "Co"	. A professional	incorporated" or the corporation name must	abbreviation contain the
Enter new principal office address, if applicable:	_			_
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)			
	-			
	_			_
. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	_			_
				_
	-	-		_
. If amending the registered agent and/or registered c		<u>in Florida, enter</u>	the name of the	
new registered agent and/or the new registered office	e address:			
Name of New Registered Agent		·····	<u></u>	
	(Florida street d	nddress)		
New Registered Office Address:			Florida	
	(City)		(Zip Code)	_
ew Registered Agent's Signature, if changing Register		and account the ob	liagtions of the position	
hereby accept the appointment as registered agent. I an	ı jamıllar with	апа ассері іпе ос	ugations of the position	•
	<u> </u>			
Signature of New R	Projectered Age	nt if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Treasure	er Clifford Coble	Jacksonville, F1.
Add			Jacksonville, F1.
Remove			32277
2) Change	1109	Eva H. Currie	130 Corridor Rd
Add			90:to 523
Remove			Ponte Vedra Beach F13200
3) Change	-		
Remove			
4) Change			
Remove			
5) Change			
Add Remove			
6) Change	 		
Add			
Remove			<u> </u>

). (Be specific)
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
(y not applicable, maicale (vii)	

The date of each amendment(s) adoption: NOU 15, 2014	if other than the
date this document was signed.	, if other than the
Effective date if applicable: NOV 15. 201-1 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10015 2014	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
appointed fiductary by that fiductary)	
Eva lt. (June)	
(Typed or printed name of person signing)	
President / INCorpora	fer
(Title of person signing)	