P19000042455

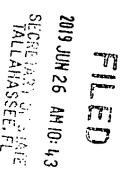
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORROR	ATION: Les Concierges of \	/ero Beach, Inc.	
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Kimberly Kem		
•		Name of Contact Person	
	Les Concierges of Vero Beach	h, Inc.	
		Firm/ Company	
	156 14th Avenue		
		Address	
	Vero Beach. Florida 32962		
		City/ State and Zip Code	· ·
lesco	ncierge@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Kimberly Kem		at (⁷⁷²	360-9294
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations b. Box 6327 lahassec, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Les Concierges of Vero Beach, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P19000042455 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Les Concierges, Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) NΑ New Registered Office Address: . Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, 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 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 Do	<u>)e</u>					
X Remove	<u>v</u>	Mike Jo	one <u>s</u>					
X Add	<u>\$V</u>	Sally Sr	nith					
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s		
I) Change				 				
Add								
Remove								
2) Change								
Add								-
Remove							· •	
3) Change		_		 				
Add								 ·-
Remove								<u> </u>
4) Change				 				
Add								
Remove								
Character Character								
5) Change		_ -						
Add								· · · · · · · · · · · · · · · · · · ·
Remove								
6) Change				 				
Add								
Remove								

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
A	
	 -
	
. If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	endment if not contained in the amendment itself:
Lit not applicable indicate N/A)	
(if not applicable, indicate N/A)	
· ·	
· ·	
· ·	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable:	
(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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_ June 5, 2019	
Signature Kymberly R. Kern, Manag	ung Membe
(By a director, president or other officer – if directors or officers have not been	0
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Managing Member	
/Title of person signing)	