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# **COVER LETTER**

TO: Registration Se Division of Cor			
Curvy Cou	pons LLC		
SUBJECT.	Name of Lim	nted Liability Company	<u>_</u> _
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Peggy Loiseau		
		Name of Person	
		Firm/Company	
	10312 BLOOMINGDALE	E AVE, STE 108-132	
		Address	
	RIVERVIEW, FL 33578		
		City/State and Zip Code	
	curvycoupons@gmail.cor		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	all:	
Peggy Loiseau		813 382-9035	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Curvy Coupons 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 July 03, 2018	and assigned
Florida document number L18000161494		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
CURVYCOUPONS LLC		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	DRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office ad		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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

	g Authorized Person(s) authorized to n I from our records:	nanage, enter the title, name, and addre	ss of each person being added
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·	Signature of a member or author	rized representative of a member		_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00