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| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

COVER LETTER

| SUBJECT: | CURTET INVES | TMENT GROUP LLC | |
|-----------------------------|----------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Sobolett. | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | | DAMIEN J. CURTET | |
| | | Name of Person | |
| | CUR | TET INVESTMENT GROUP LLC | 9 |
| | | Firm/Company | ······ |
| | 790 | 1 HISPANOLA AVE APT 702 | |
| | | Address | |
| | | NORTH BAY VILLAGE | |
| | | City/State and Zip Code | |
| | | FL 33141 | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please co | ali: | |
| MARC MANI | | 786 985-7336 at () | |
| Name o | f Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fec & 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:

TO:

Registration Section Division of Corporations

> 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

| C | URTET INVESTMENT | GROUP LLC | |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------|-----------------------------------------|
| (Name of the Limit | ed Liability Company as it (A Florida Limited Liability | now appears on our records.) Company) | |
| The Articles of Organization for this Limited Li | ability Company were f | iled on07/28/2016 | and assigned |
| Florida document number L16000142071 | | | |
| This amendment is submitted to amend the follo | owing: | | |
| A. If amending name, enter the new name of | the limited liability co | ompany here: | |
| N/A | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liability Com | pany," the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | N/A | ======================================= |
| Principal office address MUST BE A STREE | TADDRESS) | | 18 ALL |
| | - | | EB AH |
| Enter new mailing address, if applicable: | | N/A | SSEE, |
| Mailing address MAY BE A POST OFFICE BOX) | | | 7 FLO |
| | | | ATE RID |
| B. If amending the registered agent and/ registered agent and/or the new registered of | | ddress on our records, <u>en</u> | ter the name of the n |
| Name of New Registered Agent: | N/A | | |
| New Registered Office Address: | N/A | | |
| | | Enter Florida street address | |
| | - | , Florida | |
| | Ci | <i>t</i> y' | 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|-------------------------|----------------|
| MGRM | MICHEL SABBAH | 7901 HISPANOLA AVENUE | Add |
| | | APT 1602 | □ Remove |
| | | NORTH BAY VLG, FL 33141 | ☐ Change |
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| fect | tive date, if other than the date of filing: (optional) | |
| n ef | fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be | 605.02 listed |
| | nent's effective date on the Department of State's records. | listed |
| | | |
| re | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea | arlier |
| The | e 90th day after the record is filed. | |
| | 2018 | |
| ted | $-52/10/2018$, $\frac{2018}{}$ | |
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| | Signature of the inher or guthorized representative of a mamber | |
| | Signature of a member or authorized representative of a member | |

Page 3 of 3

Filing Fee: \$25.00