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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

CURRIE!	CURRIE LAND LLC						
	Name of Limit	led Liability Company					
The enclosed Articles o	f Amendment and fee(s) are subm	nitted for filing.					
Please return all corresp	ondence concerning this matter t	o the following:					
	KENNETH J. CROTTY, E	SQ.					
	· · · · · · · · · · · · · · · · · · ·	Name of Person					
	GASSMAN, CROTTY & I	DENICOLO, P.A.					
	Firm/Company						
	1245 COURT STREET						
	Address						
	City/State and Zip Code						
	E-mail address: (to be used for future annual report nouf	ication)				
For further information	concerning this matter, please ca	all:					
Carla Guidry		727 442-1200					
Name	of Person	Area Code Daytimo	Telephone Number				
Enclosed is a check for	the following amount:						
\$25.00 Filing Fee	□ \$30.00 Filing.Fcc & Certificate of Status	☐ \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is caclosed)				

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314 STREET/COURIER ADDRESS:

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

CURR	IE LAND LLC	2015 OCT 18	A 18-12		
(<u>Name of the Limited Linbility C</u> (A Florids Lin	onipany as it now appears	nrs on our records.	 CELLAGOS		
The Articles of Organization for this Limited Liability Com		ŢĂĊĿĄħĄSŚĿĔ	and assigned		
Florida document number L05000100224			 ,-		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	l liability company	<u>bere</u> :			
The new name must be distinguishable and contain the words "Limited	Liability Company," th	e designation "LLC" or the	te abbreviation "L.L.C."		
Enter new principal offices address, if applicable:			 		
(Principal office address MUST BE A STREET ADDRES	<u></u>				
		<u></u>			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	ed office address s bere:	on our records, <u>er</u>	iter the name of the r		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		Florida Zip Code			
	Cin		Zip Code		
New Registered Agent's Signature, if changing Registered A					
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent being filed to merely reflect a change in the registered.	plete performance at as provided for i	of my duti es , and 1: n Chapter 605, F.S.	am familiar with and Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

H19000309818

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
MGR	ALBERTO DIAZ	5815 N. DALE MABRY HIGHWAY	
		TAMPA, FL 33614	Remove
٠			Change
MGR	JOE CUTILLO	5815 N, DALE MABRY HIGHWAY	B Add
		TAMPA, FL 33614	Веточе
			Chunge
			Add
			Remove
			☐ Change
			D Add
		·	☐ Remove
			□ Chauge
			
			G Remove
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			Cl Change

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ffective	date, if other	than the date	e of filing:	:			(op	tional)	was to 604 0207
Note: If	ive date is listed, the date inscrtor this effective date	iniinis diock (oes not me	et me app.	HCADIC SIMM	ory filing rea	nan 90 days #1 quirements, (his date will n	ot be listed as
e reco The 9	rd specifies a Oth day after	delayed eff the record	ective da is filed.	ate, but i	nat an e ff e	ective time	e, at 12:0:	La,m. on ti	ne earlier ol
Dated _	Date	Eg. 16	,	2019					
	K	7mmt	C						
		Sign	INTUITE OF A IT	sember or ut	athorized repre	esentative of u	member		
		rotty, Authoriz							

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