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COVER LETTER

TO: Registration Division of C			
	Curbs L.L.C.		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Alicia Singh		
	,	Name of Person	- <u> </u>
	National Curbs L.L.C.		
		Firm/Company	202
	132 Sandalwood Way		7020 JUN 15
		Address	<u> </u>
	Longwood, FL 32750		r Pr
		City/State and Zip Code	<u>ب</u>
	Nationalcurbs@aol.com	to be used for future annual report notifical	<u> </u>
For further information	concerning this matter, please c	•	ion)
Alicia Singh		407 285-2535	
Name	of Person	at () Area Code Daytime Te	lephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee = L Dept of STATE.	☐ \$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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Section Division of Corpore The Centre of Talla 2415 N. Monroe Stallahassee, FL 32	ations ahassee treet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

National Curbs L.L.C. (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 8/10/2006 and assigned Florida document number L06000078831 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: National Curbs and Property Services L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida __ City

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 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
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			□Remove
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record specifies a delayed effective date, but not an e is filed.	ffective time,	, at 12:01 a.m. c	on the earlier	of: (b) Th	e 90th d	lay after th
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Signature of a memb	Ser	/				

Typed or printed name of signee