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(City/State/Zip/Phone #)	•
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	10/28/1901
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COVER LETTER

	Registration Se Division of Cor			
CUBIEC	Kurbing LI	LC		
Name of Limited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Jose A Penuela		
		Kurbing LLC	Name of Person	
		321 SW Lake Forest Way	Firm/Company	
		Port ST Lucie Florida 349	Address 86	
		kurbing @kurbing.com	City/State and Zip Code	. <u> </u>
			to be used for future annual report notif	ication)
For further	er information c	oncerning this matter, please co	all:	
Jose A Pe	enucla		772 579-9219 at ()	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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

(Name of the Limited Locality C	bing LLC	
(A Florida Lim	ompany as It now appears on our records lited Liability Company)	<u>u</u>
The Articles of Organization for this Limited Liability Comp	pany were filed on 822	2000 and assigned
Florida document number LO(AOOOS	2599	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
,		
The new name must be distinguishable and contain the words "Limited	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 ADDRESS	50	
		20
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		C.J
		=:
		ά,
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name-of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street uddress	
	, Flo	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

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>	<u>Address</u>	Type of Action
MGR	Andres Montoya-Tello	321 SW Lake FOrest Way Port ST Lucie Fl 34986	
			☐ Remove
			☐ Change
MGR	Trayce Alejandra Nava Torres	321 SW Lake Forest Way Port St Lucic Fl 34986	■ Add
			Remove
			Change
			bbA 🗆
			Remove
			Change
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			□ Change
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		October 23	20010			
ffective date, if other than the an effective date is listed, the date mote: If the date inserted in this becument's effective date on the	ust be specific an block does not:	ig: id cannot be prior meet the applic	to date of filing	g or more than 9 / filing require	(optional) 0 days after filing ments, this date	Pursuant to 605.0207 will not be listed as
e record specifies a delaye The 90th day after the re			ot an effect	ive time, at	12:01 a.m.	on the earlier o
October 24		2019				
		•		//_	_	
	_	///-	45/	/-		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee