## 1100000002271

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT: <u>Curbsile Investment Partners LLC</u> Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	indence concerning this matter	-			
riease return air correspo	indence concerning this matter	to the following.			
		R. CRAGO Name of Person			
	Curbsile	Investment f	Partners LLC		
	13209 Fo	antainblean D	Rive		
	Clerma	ont Florida : City/State and Zip Code	3 4 7 I I		
	Rundy Cr	to be used for future annual report not	m		
	E-mail address: (	to be used for future annual report not	fication)		
	oncerning this matter, please c	all:			
William R Name o	PRAGO	at (407) 399	-9496		
Name o	f Person	at ( <u>40.7</u> ) <u>39.9</u> Area Code Daytim	e 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 Addres Registration	<del></del>	<u>Street Address:</u> Registration Se	ction		
Division of C		Division of Cor			
P.O. Box 632	.7	The Centre of T	Fallahassee		
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303



2020 FET 24 PM 2: 20

## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2020

WILLIAM R. CRAGO 13209 FOUNTAINBLEAU DRIVE CLERMONT, FL 34711

SUBJECT: CURBSIDE INVESTMENT PARTNERS, LLC

Ref. Number: L10000002272

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The complete document was not received.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 120A00003112

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Curbside In.	restment !	Partners	LLe	
(Name of the Limite	ed Liability Company as i (A Florida Limited Liabilit	t now appears on our y Company)	r records.)	
The Articles of Organization for this Limited Lia		filed on Trave	MRY 7, 20	and assigned
This amendment is submitted to amend the follo				
A. If amending name, enter the new name of	the limited liability c	ompany here:		
The new name must be distinguishable and contain the we	ords "Limited Liability Cor	mpany," the designation	on "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE)	<u>T ADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u></u>			
B. If amending the registered agent and/or reagent and/or the new registered office addres		ss on our records	, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	William F	R. Crago		
New Registered Office Address:	13209 Fow	ntain blea Enter Florida stree	u Deive	
	Clermon			34711 Zip Code
New Registered Agent's Signature, if changing R		Ίιγ		Zip Code

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
			□Add
			□Remove
		<u> </u>	☐ Change
	<del></del>		□Add
			□Remove
			Change
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			Change
		<del></del>	□ Remove
			□Change

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_	
Note: If	e date, if other than the date of filing:
e record : rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	2-19-2020
	Wurdleyo
	Signature of a member or authorized representative of a member
	William R. ORAGO Typed or printed name of signee

Filing Fee: \$25.00