L11000090071

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

Note: **Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000256764 3)))

H11000256764 3ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850)385-6735
Fax Number : (954)641-4192

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

Email Address: jvurg@aol.com

FILED
11 OCT 26 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
11 OCT 26 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**
**CURITA PROPERTIES, LLC**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $25.00 |

Electronic Filing Menu Corporate Filing Menu Help B. BOSTICK

OCT 27 2011

EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe 10/26/2011

H11000356764 3

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

CURITA PROPERTIES, LLC

(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 AUGUST 26, 2010 and assigned Florida document number L10000090071

L10000090071

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 end with 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)*

Enter new mailing address, if applicable:
*(Mailing address MAY BE A POST OFFICE BOX)*

FILED
11 OCT 26 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)* *(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 608, 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)



H11000356764 3

**If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

MGR = Manager
MGRM = Managing Member

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGR | JAUN VICENTE URDANETTA | | ☐ Add ☑ Remove |
| MGR | STEFANO BETTINI | | ☑ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |

D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

11 OCT 26 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated OCTOBER 26, 2011

JUAN VICENTE URDANETTA
Signature of member or authorized representative of a member

JUAN VICENTE URDANETTA
Typed or printed name of signee



**Filing Fee: $25.00**