<u>L1300065712</u>

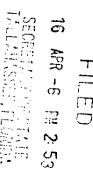
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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04/06/16--01004--013 **25.00



COVER LETTER TO: Registration Section **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Arfakhsad A. Divan Name of Person Curry In Hurry, LLC Firm/Company 50 Columbia Drive Address adhin 52@amail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Enclosed is a check for the 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 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 Liability Company as (A Florida Limited Liability	it now appears on our records.) by Company)
The Articles of Organization for this Limited Liability Company were	
Florida document number <u>L13000065712</u> .	
This amendment is submitted to amend the following:	
A. Hamending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	17 S 5
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	25 5
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Mahammad W. Juningani	12030 Telscany Bay Drive, Apt	<i>(\(\)</i> □ Add
		12030 Touscary Bay Drive, Apr Tampa, FL 33626	Remove
			☐ Change
			D Add
			Remove
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ective date, if other than the date of fine effective date is listed, the date must be specific te: If the date inserted in this block does not be determined in the Department of the Departmen	ot meet the applicable statute	ing or more than 90 or filing requirem	(optional) days after filing.) Pursuents, this date will n	ant to 605.02 ot be listed
record specifies a delayed effectiv he 90th day after the record is file		ctive time, at 1	.2:01 a.m. on th	ne earlier
ed April 2	2016 AUDWari			
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	of a member or authorized repres			

Page 3 of 3

Filing Fee: \$25.00