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COVER LETTER

ro: Registration Section Division of Corporations	
SUBJECT: CUTY IN HUTY, U.C. Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Arakhsad A. Divan Name of Person	
Cury In Huny, LLC Firm/Company	
50 Columbia Drive Address	
Tampa, FL 33606 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at 813 957-6266 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee &\Bigcup \$55.00 Filing Fee &\Bigcup \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 ARTICLES OF ORGANIZATION **OF**

Cury In Hury, LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on $05/06/20/3$ and assigned
Florida document number <u> 1300 0065712</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company horas
A. If amending hame, enter the new hame or the minieu	naomty company nere:
The new name must be distinguishable and contain the words "Limited I	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	S)
	(영화 쇼 (1)
	TA R IV
Enter new mailing address, if applicable:	Total Comment
(Mailing address MAY BE A POST OFFICE BOX)	2
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	, Florida
Niew Designation of Association (Co. 1997)	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	_
	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 dixies, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 805, F.S. Or, if this document is being filed to mercly 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:								
	Manager Authorized Member							
<u>Title</u>	<u>Name</u>	Address	Type of Action					
MGR	Durriya Divan	50 Columbia Drive	🖸 Add					
		Tampa, FL 33606	Remove					
			Change					
MBR	Wendy Salazar	8518 North Highland Avenue Tampa, FL 33604	□ Add					
		Tampa, FL 33604	Remove					
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ctive date, if otle effective date is listed If the date inse ment's effective	d, the date must t rted in this bloc	e specific a k does not	ind canno i meet tl	ot be prior t ne applica	o date of fi	ling or m	ore than 90 g requirem	(opti days after	filing.) l	Pursuant I	to 60
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Filing Fee: \$25.00