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Certified Copies	_ Certificates	of Status
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

J(-19-18

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Curve Development LLC 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:
Nils Jucand Name of Person
Curve Development LLC
6302 6//in Ac. #3403
Miami Beach FL, 331411 milsjuc and @ basiclead. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nils Jucand at (310) 97.7 - 9831 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$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

Curve Developm	ny as it now appears on our records)
	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $08/14/2013$ and assigned
Florida document number <u>L 1300011505</u> 1	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LEC" 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)	TALLAHASSEE, FLO
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent: Scine	
New Registered Office Address: 6301	Collins Ave #3403 Enter Florida street address
Miami	Beach Florida 33/41 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	_

If Changing Registered Agent, Signature of New 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 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
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			□ Remove
			□ Change
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			□ Remove
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Effective date, if other than the date of filing:	(optional) ore than 90 days after filing.) Pur	suant to 605,020
Note: If the date inserted in this block does not meet the applicable statutory filing	g requirements, this date will	not be listed a
document's effective date on the Department of State's records.		
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he record specifies a delayed effective date, but not an effective ti The 90th day after the record is filed.	ime, ac 12:01 a.m. on t	ine earner o
Dated 10/26/2018.		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00