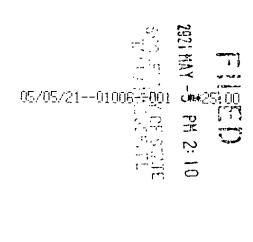
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## **COVER LETTER**

	ision of Cor					
SUBJECT:	Curri Prope	orties Viera Parnters LLC	• •			
		Name of Lir	nited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sul	bmitted for filing.			
		ondence concerning this matter				
		Laura Curri				
			Name of Person		_	
		Curri Properties Viera Par	tners		SECTION AND ADDRESS OF THE PARTY OF THE PART	
			Firm/Company	<del></del>		es:
		1097 South Patrick Drive			, U	1
			Address	<del>-</del>	- (A - C)	i E
		Satellite Beach, FL 32937			2:10	
			City/State and Zip Code	<del></del>	<del>-</del>	
		admin@curriproperties.con				
			to be used for future annual report notif	ication)		
For further in	formation c	oncerning this matter, please c	all:			
Laura Curri			321 255-9555 at ( )			
	Name of	Person		Telephone Numbe		
Enclosed is a	check for th	e following amount:				
<b>≅</b> \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
Reg Div P.O	ling Address distration S dision of Co Box 632' ahassec, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 8	310	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Curri Properties Viera Partners, L		
(Name of the Lin	nited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited	Liability Company were filed on 1/3	3/2014 and assigned
Florida document number L14000003738		
This amendment is submitted to amend the fo	Howing:	
A. If amending name, enter the new name	of the limited liability company h	e <u>re</u> :
Curri Properties Viera, LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the c	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	207
(Principal office address MUST BE A STRE	ET ADDRESS)	30 3 77
	<del></del>	77 ( )
		P
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or agent and/or the new registered office addr  Name of New Registered Agent:	registered office address on our r ess here: Laura Curri	ecords, enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	1097 South Patrick Drive	
	Enter Flor	ida street address
	Satellite Beach	, Florida <sup>32937</sup>
	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 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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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ffective date, if other than an effective date is listed, the date ote: If the date inserted in this ocument's effective date on the	must be specif s block does	ic and cannot not meet t	ot be prior to he applicat s records.	o date of filing tole statutory	g or more than filing requi	(opti 90 days after ements, this	onal) filing.) Pur s date will	suant to not be	605.020' listed as
record specifies a delayed effe is filed.	ctive date, bu	t not an ef	fective tim	e, at 12:01	a.m. on the e	arlier of: (b	) The 90	th day a	ifter the
ted		202	21						
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Typed or printed name of signee