## L14000054195

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration So Division of Co			
SUBJECT:	Curbappeo	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>D</u>	ylan Castillo Name of Person	
		Crbapped M	D LLC
	133	Stillwater ()	ircle
	<u> </u>	City/State and Zip Code	458
	E-mail address: (i	183@gmail.c	COM lication)
For further information of	concerning this matter, please ca	ail:	
Name o	Costillo	at (561 ) 714 - Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

	bility Company as it now appears on our records.) rida Limited Liability Company)
	y Company were filed on and assigned
This amendment is submitted to amend the following	;;
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:
Curb Appea	I MD LLC
The new name must be distinguishable and contain the words "I	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 AD	DRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or reregistered agent and/or the new registered office a  Name of New Registered Agent:	gistered office address on our records, enter the Plame of the new
New Registered Office Address:	
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 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>	Name	Address	Type of Action
AMBR	Mike Roberts	17981 Anchor dr.	
		17981 Anchor dr. Supiter, FL. 33458	Remove
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		<del></del>	□ Remove
			Change
			Add
		<del></del>	☐ Remove
			□ Change
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an effective date is listed, the lote: If the date inserted ocument's effective date e record specifies a The 90th day after	e date must be specific a in this block does not on the Department of delayed effective the record is filed	and cannot be prior to dai t meet the applicable of f State's records.  date, but not an	effective time, at	0 days after filing.) Purments, this date will 12:01 a.m. on	not be listed
an effective date is listed, the lote: If the date inserted ocument's effective date e record specifies a The 90th day after	e date must be specific a in this block does not on the Department of delayed effective the record is filed	and cannot be prior to dai t meet the applicable of f State's records.  date, but not an	statutory filing require	0 days after filing.) Purments, this date will 12:01 a.m. on	not be listed
ffective date, if other to an effective date is listed, the lote: If the date inserted ocument's effective date in the record specifies a The 90th day after lated	e date must be specific a in this block does not on the Department of delayed effective the record is filed	and cannot be prior to dai t meet the applicable of f State's records.  date, but not an	effective time, at	days after filing.) Purments, this date will 12:01 a.m. on	not be listed

Filing Fee: \$25.00