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COVER LETTER

TO:	Registration Sec Division of Corp				s ¹⁸ ze
	**	Owner attention of the LLC	**************************************	•	a.v
SUBJ	ECT:	Currently Exploring LLC	ted Liability Company		
		Name of Limi	ted Diaterry Company		
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspon	ndence concerning this matter	to the following:		
		Christina Leigh N	lorgan		
			Name of Person		
		Self			
			Firm/Company		
		301 Tara Drive			
			Address		
		Plantation FL 33	325		
			City/State and Zip Code		
		c@christinaxleiq			
			to be used for future annual i	report notification)	
For fu	rther information o	oncerning this matter, please co	all:		
Christina Leigh Morgan		at (<u>954</u>)	614-9184		
	Name o	f Person	Area Code	Daytime Telepho	one Number
Enclo	sed is a check for th	he following amount:			
■ \$	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Ac	ddress: ation Section		
			n of Corporation	ons	
		The Centre of Tallahassee			
	Tallahassee.	FL 32314	2415 N	. Monroe Stree	t, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Currently Exploring LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) July 15, 2015 The Articles of Organization for this Limited Liability Company were filed on _ and assigned L15000121699 Florida document number ___ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Christina Leigh LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 301 Tara Drive Enter new principal offices address, if applicable: Plantation FL 33325 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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>	<u>Address</u>	Type of Action
	· 		□Add
			□Remove
			□Change
		···	
	• • • • • • •	· -	□Remove
			□Change
			□Add
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lf amend	ing any other informati	on, enter change(s)) here: (Attach	additional sheet:	i, if necessary.)	
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Note: If t	date, if other than the diverged date is listed, the date must be date inserted in this blocks effective date on the Dep	k does not meet the a	applicable statuto	ory filing requirem	ents, this date will not	nt to 605,0207 (be listed as t
e record sp rd is filed.	secifies a delayed effective	date, but not an effec	tive time, at 12:0	1 a.m. on the earli	er of: (b) The 90th d	ay after the
Dated	July 14		2020			
		Cl	$\mathcal{C}_{\mathcal{N}}$			
	S	ignature of a member o	r authorized repres	sentative of a member	म	
		Chrietin	na Leigh Morg	an		
			r printed name of s			

Filing Fee: \$25.00