

L15000154587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700295946487

02/27/17--01029--002 **30.00

2017 FEB 27 P 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

8 Warren
FEB 28 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Curam, 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:

Nicole A Davis

Name of Person

Curam, LLC

Firm/Company

274 E Eau Gallie Blvd #241

Address

Indian Harbour Beach, FL 32937

City/State and Zip Code

info@curamhs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole A Davis

Name of Person

315 733-7010
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Curam, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 10, 2015 and assigned
Florida document number L15000154587.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

274 E Eau Gallie Blvd #241

(Principal office address MUST BE A STREET ADDRESS)

Indian Harbour Beach, FL 32937

Enter new mailing address, if applicable:

274 E Eau Gallie Blvd #241

(Mailing address MAY BE A POST OFFICE BOX)

Indian Harbour Beach, FL 32937

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:

Charles F. Allia Accounting, P.A.

New Registered Office Address:

2850 Lake Washington Road Suite 2

Enter Florida street address

Melbourne

City

Florida 32935

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.


Andrew M. Cruz
If Changing Registered Agent, Signature of New Registered Agent

FILED
SEP 27 P 2:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
CEO	Carroll A Denison	150 Deland Ave	<input type="checkbox"/> Add
		Indialantic FL 32903	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nicole A Davis	274 E Eau Gallie Blvd	<input checked="" type="checkbox"/> Add
		# 241	<input type="checkbox"/> Remove
		Indian Harbour Beach, FL 32937	<input type="checkbox"/> Change
AMBR	Brian S Spado	219 Fairway Drive	<input checked="" type="checkbox"/> Add
		New Hartford, NY 13413	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 FEB 27 P 2:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 24, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2011 FEB 27 P 2:57
CLERK OF DISTRICT COURT
JANUARY OF STATE
TAMPA FLORIDA