

L15000154587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

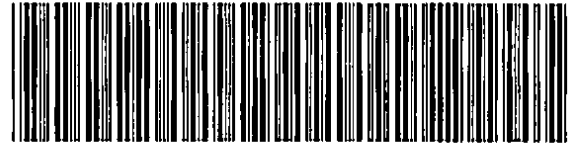
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000329412620

05/28/19--01015--011 ♦♦25.00

2019 JUN 15 10:11:18
FBI (31)

Amend

JUN 15 2019

1 ALDRITTON

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:

ANDREW DENISON

315 733-7010

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

2019 JUN 23 15:11

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 09/09/2015 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:

(Principal office address MUST BE A STREET ADDRESS)

1900 S HARBOR CITY BLVD STE 331

MELBOURNE, FL 32901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1900 S HARBOR CITY BLVD STE 331

MELBOURNE, FL 32901

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

City, Florida 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>	<u>Address</u>	<u>Type of Action</u>
MGR	NICOLE A DAVIS		<input type="checkbox"/> Add
		274 E EAU GALLIE BLVD # 241 INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRIAN S SPADO		<input type="checkbox"/> Add
		219 FAIRWAY DRIVE NEW HARTFORD, NY 13413	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDREW DENISON	1900 S HARBOR CITY BLVD STE 331 MELBOURNE FL 32901	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee