## 116000179806

(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:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number)  Certified Copies Certificates of Status	
(Document Number)  Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	(Business Ellis, Name)
Certified Copies Certificates of Status	(Document Number)
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:

Office Use Only



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11/03/17--01023--024 \*\*60.00

## **COVER LETTER**

FO: Registration Sect Division of Corpo			
SUBJECT: AJ	S Curb A	d Ciability Company	
	mendment and fee(s) are subm		
Please return all correspon	dence concerning this matter to	the following:	
	Darlene	Name of Person	
	AJ'S	Curb Appea	
	4212 Var	ita Court	
	WinterS	Eity/State and Lip Code	32708
	dtores E-mail address: (to	12096 S Mail C o be used for future contual report notifi	cation)
For further information co	oncerning this matter, please ca	d1:	
DAClene	Person	at ( <u>347</u> ) <u>435-</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	S30.00 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

AJ'3 Curb Appear I	y as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company of Clorida document number	were filed on 9/27/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
N/P The new name must be distinguishable and contain the words "Limited Liability Liab	in Company "the designation "LLC" or the abbreviation "LLC."
The new name must be distinguishable and contain the words. Limited Clabin	
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)	Winter Springs, 71. 32708
Inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )	P.D. Box 781348 Ollando, 71. 32878-1348
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her	Tice address on our records, enter the name of the new e:
Name of New Registered Agent: Dacler	Vanita Court Enter Florida street address
New Registered Office Address: 4212	Vanita Court Enter Florida street address
Winte	Springs Florida 32708 Zip Code
w Registered Agent's Signature, if changing Registered Agent:	
nereby accept the appointment as registered agent and agr	ree to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability.

mpany has been notified in writing of this change.

f amending	Authorized Person(s) authorized to ma from our records:	anage, enter the title, name, and address of each person being added
MGR = Ma AMBR = Au	anager uthorized Member	
<u> Title</u>	Name	Address Type of Action
MGR	Darlene Torres	4212 Vanita (t. Winter 32708) Springs  Remove
		Change
WEL	AAron Kass	4461 SAddleworth Cr. DAdd Orlando 32826
		☐ Change
mbl	Kyle KASS	411 Dean Crook Remove
		3 282 5 ☐ Change
		Add
		☐ Remove
		Add
		Change :
		Add
		- D Remove

Page 2 of 3

nending any other information, enter change(s) here: (Attach additional sheets, if no	
ective date, if other than the date of filing: 10/31/17	optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days are: If the date inserted in this block does not meet the applicable statutory filing requirements	after filing.) Pursuant to 603,02 , this date will not be listed:
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	01 a.m. on the earlier
12/21/2	14 CO
$\frac{10/31}{11/3}$ . $\frac{2017}{11/3}$ .	
Assort (association of a member or authorized representative of a member	<u> </u>
Communication and an arrangement of the second of the seco	PH
$\alpha = 1/2$	, <b>,</b>

Page 3 of 3

Filing Fee: \$25.00