

L170000R186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

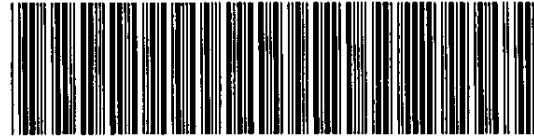
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sherla Jaffe
AUTHORIZATION BY PHONE TO
CORRECT TITLE
DATE 5-30-17
DOC BY MAIL X.S.

Office Use Only



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05/26/17--01006--014 **25.00

FILED
17 MAY 26 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 30 2017

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Curve Life 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:

Sheila Ann Jaffe

Name of Person

Curve Life LLC

Firm/Company

142 London Dr.

Address

Palm Coast, FL 32137

City/State and Zip Code

Sjaffe65@gmail.com

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

For further information concerning this matter, please call:

Sheila Jaffe

Name of Person

at

(386)

Area Code

547-5055

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**

Curve Life 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 January 17, 2017 and assigned Florida document number L17000012186

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)

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

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

Title	Name	Address	Type of Action
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AMBR	Sheila Jaffe		
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142 London Dr. Palm coast FL 32137	☒ Add
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	☐ Remove
--	---------------------------------

	☐ Change
--	---------------------------------

AMBR	Matthew King		
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2501 Lipizzan Trl Ormond Beach FL 32174	☐ Add
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	☐ Remove
--	---------------------------------

	☒ Change
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AMBR	Jessica King		
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2501 Lipizzan Trl Ormond Beach Florida 32174	☐ Add
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	☐ Remove
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	☒ Change
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	☐ Add
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	☐ Remove
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	☐ Change
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RECEIVED
17 MAY 26 PM 4:00
SECURITY DIVISION
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

7 MAY 26 PM 03:24
SECURITY OFFSTAIL
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated May 23, 2017.

Signature of a member or authorized representative of a member

Sheila Jaffe

Typed or printed name of signee