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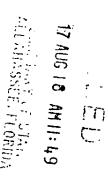
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 3, 2017

JOSHUA NEWMARK 3155 SW 10TH ST STE M DEERFIELD BEACH, FL 33442

SUBJECT: BETWEEN THE CURVE, LLC

Ref. Number: L17000097449

JULIAUG I & PH P: 46

We have received your document for BETWEEN THE CURVE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 617A00015793

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corpora				
SUBJECT: <u>Be+</u>	ween The	Curve, LLC		
	Name of Lim	ited Liability Company		***************************************
The enclosed Articles of Ame	ndment and fee(s) are sub	mitted for filing.		
Please return all corresponden	ce concerning this matter	to the following:		
-	Joshu	a Newmark Name of Person		
-	Betwe	Firm/Company	ve LLC	
-	3122 2M	10 th St 54 Address	e_M	
-	deerfie	Oity/State and Zip Code	33442	
_		newmarkegroot to be used for future annual re		
For further information conce	rning this matter, please co	all:		
Joshua New	Mark	at (56) Area Code	542-32 Davrime Telepho	O3
raine of reio	XVIII	, iteli e iiie	my me receptor	
Enclosed is a check for the fol	lowing amount;			
□ \$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee. Certificate of Status & Certified Copy
Already paid see attached		tadadonal copy is circlo	SCOT	(additional copy is enclosed)
see attached	etter			
Registration	Corporations 27	Registratic Division o Clifton Bu	f Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Between (Name of the Limite	The Curv	e LLC			
(syame of the Lumb	(A Florida Limited Li	ability Company)	n our recorus.)		
The Articles of Organization for this Limited Li	ability Company v	vere filed on <u>5</u> /	2/2017	and assign	ned
Florida document number <u>L170000</u> 9					
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabil	ity company here	:		
The new name must be distinguishable and contain the w	ords "Limited Liabili	y Company," the desig	gnation "LLC" or the	: abbreviation "L.L.C	1 22
Enter new principal offices address, if applica	ıble:				
(Principal office address MUST BE A STREE	T.ADDRESS)				
Enter new mailing address, if applicable:				٠.	
(Mailing address MAY BE A POST OFFICE I	BOX)			7	3
	<u></u>				5 ,
				138 G	
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered off fice address here	ice address on o :	ur records, <u>ent</u>	er the name of	the nev
	<u></u>			11:1 594 .080	
Name of New Registered Agent:					
New Registered Office Address:	3155	SW 10th Enter Florida	54 Ste 1	M	,
		U Boach City			
	· · · · · · · · · · · · · · · · · · ·	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Marianne Antonio	3155 SW 10th St SviteM	z ź Add
		Deerfield Beach, FL 33448	∟ □ Remove
			Change
MGR	Anna Karton Rubio	3155 5W 10th st Ste M	Add
		Deerfield Beach, FL 334	43_□ Remove
			Change
MOR	Milagro Amato	3155 SW 10th 54 Ste M	√ ⊅ Add
		Deerfield Beach, FL 33442	Remove
			☐ Change
MUR	Robert Weisenthal	3155 SW 10th St Stem	<u></u> √2 ∨aat
		Deerfield Beach, FL 33442	Remove
			Change IT
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Note: If the	date inserted in the	nis block does	not meet t	the applica	ble statutor	ry tiling requ	irements, thi	s date will not	be liste	ed as
	specifies a dela n day after the			, but not	an effec	tive time,	at 12:01 a	a.m. on the	earlie	er of
The 90th	Augu	74 11+n		2017 M/M	<u>L</u> .					

Page 3 of 3

Filing Fee: \$25.00