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(Re	questor's Name)	<u></u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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COVER LETTER

Div	ision of Co	rporations			
SUBJECT:	Curry Up I	LLC			
		Name of Lim	nited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Jurgen Wochnik			
			Name of Person		
		Curry Up LLC			
		2745 Tarra Cara Bar Bhad	Firm/Company	1	
		2715 Terra Ceia Bay Blvd			
		Palmetto, FL 34221	Address		
		jurgen@curryupshow.com	City/State and Zip Code		
		E-mail address: (to be used for future annual	report notificat	ion)
For further in	nformation c	oncerning this matter, please or	all:		
Jurgen Woo	chnik			19294572	
	Name o	f Person	Area Code	Daytime Te	ephone Number
Enclosed is a	check for the	ne following amount:			
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Curry Up LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we		and assigned
lorida document number L18000152081		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabilit	ty company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		3S (1)
		– 05-
nter new mailing address, if applicable:		O 22/2
Mailing address MAY BE A POST OFFICE BOX)	<u>-</u>	
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. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	ce address on our records, <u>ente</u>	r the name of the
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Steve Pazder	2133 Bayou Drive S Ruskin FL 33570	
			Add
			Remove
			☐ Change
			D Add
			Remove
			Change
			
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fective date, if other than the	07/01/2018	(optional)
an effective date is listed, the date mus	t be specific and cannot be prior to date of filing or ock does not meet the applicable statutory fil	r more than 90 days after filing.) Pursuant to 605.020 ling requirements, this date will not be listed as
e record specifies a delayed The 90th day after the rec		e time, at 12:01 a.m. on the earlier o
8/16/ ated	2018	
	Signature of a member or authorized representati	ve of a member
Jurgen Wochnik		

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Filing Fee: \$25.00