L18000153007

(Requestor's Name)
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(Business Entity Name)
(Document Number)
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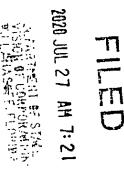
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COVER LETTER

SUBJECT:	Name of Limited Liability Company						
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.					
	idence concerning this matter						
	DEAN ADLER						
		Name of Person	· · · · · · · · · · · · · · · · · · ·				
	CURB STYLES, LLC						
	Firm/Company						
	1060 WINDING WATER	S CIRCLE					
		Address					
	WINTER SPRINGS, FL 3	2708					
		City/State and Zip Code					
	MONEYOPPS1962@GMAIL.COM E-mail address: (to be used for future annual report notification)						
			ication)				
For further information co	ncerning this matter, please c	all:					
DEAN ADLER		262 893-8921 at ()					
Name of	Person	Area Code Daytime	Telephone Number				
Enclosed is a check for the	e 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 tadditional copy is enclosed				
		9					

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CURB STYLES, 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 $\frac{6/21/18}{1}$ Florida document number L18000153007 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DR ADLER ENTERPRISES, LLC 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) NA 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

__. Florida ___

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
			□ Add
			☐ Change
			□Add
			□Remove
			□ Change
			□Remove
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n offective date o te: If the dat	s listed, the date must be specific and cannot be inserted in this block does not meet the ap	prior to date of filing or n iplicable statutory filir	nore than 90 days after thi ag requirements, this da	ng.) Pursuant to 605.0207 ate will not be listed as
	tive date on the Department of State's reco			
ecord specifie: is filed.	a delayed effective date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
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ted	Ly 23 202 Dean R. Clal			
	Dean K. Clal			<u> </u>
	Signature of a member or	authorized representative	e of a member	
DEA	N ADLER			
		printed name of signee		