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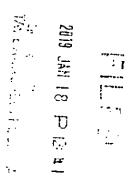
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(Requestor's Name)	
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Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT:	Go Growth Sales	LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of Arr	nendment and fee(s) are sub	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Luiz Gui	lherme Leite Nasc	imento	
		Name of Person	·	
	Go Gı	cowth Sales LLC		
		Firm/Company		
	151	Crandon Boulevard	Ste 536	
		Address		
	Кеу	Biscayne,FL 3314	19	
		City/State and Zip Code	 	
		owncpa.com to be used for future annual repo		
For further information conc		·	(normegatory	
Nancy L Brown		at (<u>305</u>) <u>274</u>	-4814	
Name of Pe	erson	Area Code D	aytime Telephone Number	
Enclosed is a check for the f	ollowing amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
	* ADDRESS.			(

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

Go Growth Sales LLC	· · · · · · · · · · · · · · · · · · ·
(Name of the Limited Liability Company as i (A Florida Limited Liability	y Company) 7f14 144 10 m
	y Company) 2019 JAN 18 P 12: 1
The Articles of Organization for this Limited Liability Company were	filed on 6-25-2018 and assigned
Florida document numberL18000155680	M. Lewis Co. St. Co. Co.
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability o	ompany here:
Curve LLC	
he new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	
Inter new mailing address, if applicable:	_ _
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
3. If amending the registered agent and/or registered office a	address on our records, enter the name of the
registered agent and/or the new registered office address here:	de de la colta, direi the mane of the
No. 10 to 12	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
 (

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.

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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
		- 	
			□ Remove
			☐ Change
			Remove
			🗅 Remove
			Change
			Remove
			Change
			Remove
		-	Change
			☐ Remove

☐ Change

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fan effeci <u>Note:</u> If	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier of 0th day after the record is filed.
Dated	January, 14 () , 2019 .
	Signature of a member or authorized representative of a member
	// Kuiz Guilherme Leite Nascimento

Page 3 of 3

Filing Fee: \$25.00

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