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# **CORPORATE** ACCESS, \_\_\_\_\_

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## **COVER LETTER**

TO: Registration S Division of Co			
SOMPA A	ADHYA-TAYLOR, LCSW. LI	.C	
SUBJEC1:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sui	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Registered Agent Solution	ns, Inc.	
		Name of Person	
	SOMPA ADHYA-TAYL	OR, LCSW, LLC	
		Firm/Company	·
	Corporate Center 5301 So	outhwest Parkway, Suite 400	
		Address	
	Austin, TX 78735		
	<del></del>	City/State and Zip Code	
	sompa@thecuriou	<del>-</del>	
For further information of	E-mail address: concerning this matter, please c		
Name o	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations
Tallahassee.	FL 32314		e Street, Suite 810

Tallahassee, FL 32303

To whom it may concern

Per request, I am confirming that I will not revoke the dissolution of The Curios Self, LLC.

Thank you

Best Regards,

Sompa Adhya-Taylor, LCSW

Sompa Adhya-Taylor

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 JAN -6 AM 9: 06

SOMPA ADHYA-TAYLOR, LCSW, LLC

(Name of the Limited Liability Company as it now appears on our records.) TALL AGASSE, FI

The Articles of Organization for this Limited Liability Company	were filed on 11/14/2018	and assigned
Florida document number L18000266339		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
THE CURIOUS SELF LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3823 Tamiami Trl E Unit #135 Napl	les, FL 34112
(Principal office address MUST BE A STREET ADDRESS)		···-
Enter new mailing address, if applicable:	3823 Tamiami Trl E Unit #135 Napl	es, FL 34112
(Mailing address MAY BE A POST OFFICE BOX)		-
<u></u>		
D. ICana and San also marked and the second		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	<u> </u>	
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 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>	Name	Address	Type of Action
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Signature of a member or authorized representative of a member		ecifies a delayed effective date, but not an effective time, at 12.01 a m. on the earlier of. (b) The 90th day after t
Signature of a member or authorized representative of a member	ated	December 30 , 2022 .
Signature of a member or authorized representative of a member	ر	Sompa Adhya-Taylor
Sompa Adhya-Taylor	•	Signature of a member or authorized representative of a member
		Sompa Adhya-Taylor

Filing Fee: \$25.00