

L19000080353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

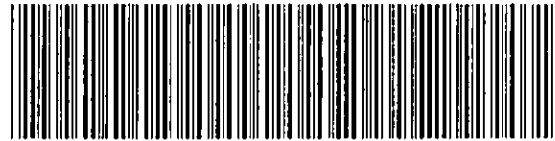
(Business Entity Name)

(Document Number)

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2023 OCT 28 AM 9:19
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SECRETARY OF STATE
ALABAMA

A. RIVERS

OCT 11 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Curae Consultants LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

Zahira Babwani
Name of Person

Curae Consultants LLC
Firm/Company

2551 NE 20th St
Address

Pompano Beach, FL 33062
City/State and Zip Code

zahirababwani@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zahira Babwani at (407) 668-6848
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 (additional copy is enclosed)

Mailing Address:
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

Curae Consultants 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 03/22/2019 and assigned
Florida document number L19000080353

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Curae Consultants PLLC

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:

change

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

change

(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: change

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I am a Critical Care physician, intensivist,
working as an independent contractor to provide
services to critically ill patients in the Intensive
Care unit in a hospital setting.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 25 2023.

Zahira Babwani

Signature of a member or authorized representative of a member

Zahira Babwani

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2023

ZAHIRA BABWANI
2551 NE 20TH ST.
POMPANO BEACH, FL 33062

SUBJECT: CURAE CONSULTANTS LLC
Ref. Number: L19000080353

We have received your document for CURAE CONSULTANTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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) 245-6353.

Alecia Rivers
Regulatory Specialist III

Letter Number: 723A00019634