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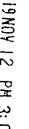
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COVER LETTER

TO: Registration Section Division of Corporation	ons _a r	•	•
SUBJECT: "CUC	ate Exter-	FAINMENT LL	<u>C.</u>
The enclosed Articles of Amend	ment and fee(s) are submi	ated for filing.	
Please return all correspondence	concerning this matter to	the following:	
	Adebol	a Adigur Name of Person	- <u></u>
	_	Firm/Company	
	2575 1	berty Park	Or Apt 7201
	Cope C	oral FL 330 City/State and Zip Code	oking a curateentertaima
	E-mail address: (to b	e ysed for future annual report notific	oking a curateentertaina ation) Corateentertaina ateentertainment.com
For further information concerning Adebala Ad	I GUN	at (239) 878 -	3366
Name of Person	J	Area Code Daytime	l'elephone Number
Enclosed is a check for the follow	wing amount:		·
	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Curate F.	itertainment LLC.
	Company as it now appears on our records.)
The Articles of Organization for this Limited Liability Cor	
Florida document number	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRE	SS) 22 22 23 25 25 25 25 25 25 25 25 25 25 25 25 25
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registeredistered agent and/or the new registered office address	red office address on our records, enter the name of the new
egistered agent and/or the new registered ornice addre	ss nere.
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	Yasmin Valentin	2575 Liberty Park Dr.	Nadd
		Cape Coral FL 33909	□ Remove
			Change
			🗆 Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
		 .	Change
			Add
		1	Remove
			Change
			🗆 Add
			□ Remove
			Change
			🗅 Add
			🗆 Remove
			Change
			Add
			Remove
			□ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>-</u>	
-	
_	
(If an effect <u>Note:</u> If	e date, if other than the date of filing: (optional) ive 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	November 7th 2019. 11/9/19
	ah of
	Signature of a member or authorized representative of a member
	Adebala Adiginal Typed or printed name of sygnes

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Filing Fee: \$25.00