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Office Use Only



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COVER LETTER

		stration Sec sion of Corp							
CHD IEC		THE CURE LLC							
SUBJEC	-1; ,		Name of Lim	ited Liability Company					
The encl	venq	Articles of A	Amendment and fee(s) are sub	wnitted for filing					
			idence concerning this matter						
ricase re	tui II	an correspor	dence concerning this matter	to the following.					
			CORIMAR MARTINEZ						
				Name of Person					
			GBA						
	Firm/Company								
	1101 BRICKELL AVE, SOUTH TOWER 8TH FLOOR								
	Address								
	MIAMI, FL 33131								
				City/State and Zip Code					
			info@gbacorp.us E-mail address: ((to be used for future annual report notification)					
For furth	ner in	formation co	oncerning this matter, please c						
CORIM	AR I	MARTINEZ		305 2049838					
Name of Person			Person	at ()Area Code Daytime Telephone Number					
Enclosed	d is a	check for the	e following amount:						
≣ \$ 25.	1 00.	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					
Mailing Address: Registration Section Division of Corporations				Street Address: Registration Section					
				Division of Corporations The Centre of Tallahassee					
	P.C). Box 632′	7						
	Tal	lahassee, F	FL 32314	2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 08/29/2019	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	oreviation "L.L.C."				
Enter new principal offices address, if applicable:	425 NE 22ND ST STE 202					
Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33137					
		· · · · · · · · · · · · · · · · · · ·				
Enter new mailing address, if applicable:	6011 N BAYSHORE DRIVE #8 MIAMI FL 33137					
•••						
Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33137					
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:		of the new regist				
3. If amending the registered agent and/or registered office :		of the new regist				
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name</u>	of the new regist				
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name Fiver Florida street address					
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name Fiver Florida street address					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address City	Tip Edde				
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address City					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address City Tee to act in this capacity. I further agree performance of my duties, and I am faprovided for in Chapter 605, F.S. Or, I	Zip Eode Zip Eo				

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>	<u>Address</u>	Type of Action
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E Effectiv	ve date, if other than t	he date of filis	12/31/2020		(antional)		
(If an effe	ctive date is listed, the date i	nust be specific ar	nd cannot be prior	to date of filing or	more than 90 days	after filing.) Pursuant	to 605:0207
	If the date inserted in this ent's effective date on the			able statutory iii	ing requirements	i, this date	WILL JOI I	oe iisteu as i
		•				:	MAR	ij
If the record	l specifies a delayed effec	tive date, but no	ot an effective ti	me, at 12:01 a.m	. on the earlier o	of: (b) - Th		y after the
record is file	ed.						6	ंग
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Dated	MARCH 23		,				II: 02	
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