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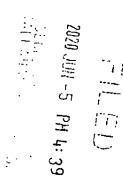
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Amend

JUN 22 2020 I ALBRITTON

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CUSTOS CUSTOS BUUCS 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:	
(into South )	
Curtes Oshn Build3	
564 Rage Rd	<del></del>
Eastpant, FL 39308 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Hally Paul at 850 SciG · 319  Name of Person Area Code Daytime Telephone S	7 Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Co (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy dditional 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

Curto's Cir	ston Builds	110		
(Name of the Limited (A	Liability Company as it now appears on or Florida Limited Liability Company)	ar records.)		
The Articles of Organization for this Limited Liab		15   2019 an	id assigned	
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	e limited liability company here:			
The new name must be distinguishable and contain the word	is "Limited Liability Company," the designat	ion "LLC" or the abbreviation	on "L.L.C."	
Enter new principal offices address, if applicab	le:			_
(Principal office address MUST BE A STREET)	ADDRESS)			_
			<u> </u>	_
			2020	
Enter new mailing address, if applicable:		<u></u>	洼一	ì
(Mailing address MAY BE A POST OFFICE BC	<u></u>	<u>: • _</u>		<u>.</u>
			- P   T	<del>-</del>
B. If amending the registered agent and/or reg	stered office address on our record	s, enter the name of th	e new regist	ëre
agent and/or the new registered office address l	nere:		 ယ	
			9	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		<del></del>	_
New Registered Office Address:		<del></del>		_
	Enter Florida stre	eet address		
	City	, Florida	Code	_
	C rity	c.y.		

## 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>	Name	Address	Type of Action
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		Ecist Dint, FL 323	DF Remove
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Sist wanting to cidd an
authonized member
(optional) Rective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department, of State's records.
d 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 ded.
5/15/2020 -
Caita a Que
Signature of a member or authorized representative of a member

Filing Fee: \$25.00