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COVER LETTER

TO: Registration of	n Section Corporations			
SUBJECT:	S LOUIȘ ENTERPRISES LLC			
Name of Limited Liability Company				
The analysis A				
	s of Amendment and fee(s) are s			
Please return all corre	espondence concerning this matt	ter to the following:		
	COURTNEY JARED B	ANNAN		
		Name of Person		
	CURTIS LOUIS ENTER	RPRISES LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	18909 NE 207TH STRE	ЕТ		
		Address		
	AVENTURA FL 33180			
	COURTNEYLAREDDAN	City/State and Zip Code		
	COURTNEYJAREDBAN E-mail address:	(to be used for future annual report notification)		
For further information	concerning this matter, please			
COURTNEY JARED		310 777-0255		
Name	of Person	at () 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 & □ \$60.00 Filing Certified Copy (additional copy is enclosed) □ Certificate of Certified Copy (additional copy	f Status &	
Mailing Addre Registration Division of (P.O. Box 632 Tallahassee,	Section Corporations 27	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

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CURTIS LOUIS ENTERPRISES 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 FEBRUARY 5 2020 _____ and assigned Florida document number L20000042772 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SHERI HAMILTON	18909 NE 207TH ST	
		AVENTURA FL 33180	
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			□Remove
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Effective date, if other than the	date of filing: 8/10/2020
I all clicclive date is listed, the date muc	the granific and the Coptional
document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
s effective date on the De	epartment of State's records.
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rd is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
AUGSUT 10	2020
	·
	a
	Signature of a member or authorized representative of a member
COURTNEY JARED BA	ANNAN ESQUIRE
	Typed or printed name of signee

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Filing Fee: \$25.00