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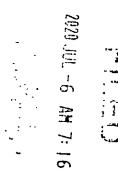
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AUG 1 5 2020 S. YOUNG

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SOUTH C	URVE LLC		
SOBSECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	LUIS F SANCHEZ		
		Name of Person	
	QUARRYMENT LLC		
		Firm/Company	
	774 W 34 ST		
		Address	
	HIALEAH, FL 33012		
		City/State and Zip Code	
	lsanchez803@yahoo.com		
	E-mail address: (	to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	
LUIS F SANCHEZ		305 794-1978 at ( )	
Name (	of Person	Area Code Daytime Telephone	Number
Enclosed is a check for t	he following amount:		
≅ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C tadditional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
<u>Mailing Addre</u> Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahasses 2415 N. Monroe Street, S	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH CURVE LLC		
(Name of the Limited I	.iability Company as it now appears on our records Florida Limited Liability Company)	<u>i.)</u>
The Articles of Organization for this Limited Liabi	lity Company were filed on May 19, 2020	and assigned
This amendment is submitted to amend the followi	ng:	3 1
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	7: 16
The new name must be distinguishable and contain the word.	s "Limited Liability Company." the designation "LLC	`or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regiagent and/or the new registered office address h	· · · · · · · · · · · · · · · · · · ·	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	orida
-	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 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
MGR QUARRYMENT LLC	9 E LOOKERMAN ST STE 202	<b>≡</b> Add	
		DOVER, DE 19901	□Remove
MGR LUIS F SANCHEZ	774 W 34 ST		
		HIALEAH, FL 33012	=Remove
		□Change	
ST	LUIS F SANCHEZ	774 W 34 ST	
		HIALEAH. FL 33012	■Remove
		□Change	
			□Add
			🗆 Remove
			□Change
		□Add	
		□Remove	
		□Change	
			🗀 Add
			□Remove

11 amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effec Note: If	e date, if other than the date of filing:
ne record ord is filed	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 l.
Dated _	JUNE 30, 2020
	Signature of a member or authorized representative of a member
	LUIS F SANCHEZ  Typed or printed name of signee

Filing Fee: \$25.00