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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	uchelo House	reening 11	C	
SUBJECT:	urbelo Housek	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
·	Yamile C	Urbe lo Name of Person		·
		Firm/Company		
	3010 NW	5 ST		
	Miami, FL	33195 City/State and Zip Code		
	, , ,	City/State and Zip Code	c	
	rcurbelo@rlbf E-mail address: (inancial Services	J report notification)	
For further information co	ncerning this matter, please co		,	
_ Namile Cur	belo	at (78 (4)	309-0945	
Name of	Person	Area Code	Daytime Telephor	ne Number
Enclosed is a check for the	c following amount:			
E#\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address			Address:	
Registration S Division of Co		•	ration Section on of Corporation	ic.
P.O. Box 6327	7		entre of Tallahass	
Tallahassee, F	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Curpelo House		21 JUN - 4 P제	2: 41
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appea da Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	03/08/2021	_ and assigned
Florida document number <u>L21000 [11084</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company h	e <u>re</u> ;	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the c	lesignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing uddress MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our r	ecords, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida 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 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		Control of the second			
<u>Title</u>	<u>Name</u>	Address 21 JUN -4 PM 2:41	Type of Action		
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