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COVER LETTER

Registration Section Division of Corporations

TO:

Curae Gro	up, LLC			
30bace1.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Andres Valverde			
		Name of Person		
	Curae Group, LLC			
		Firm/Company		
	701 Brickell Key Blvd, PI	12		
		Address		
	Miami, FL 33131			
	-	City/State and Zip Code	·	
	andresvalverde418@gmail.			
	E-mail address: (to be used for future annual report noti	tication)	C
For further information (concerning this matter, please c	all:	2021	
Andres Valverde		786 547-9374	2021 JUN	<u>i</u>
Name 6	of Person		e Telephone Number	
Enclosed is a check for t	he following amount:		<u>></u>	J
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee: Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sed Division of Cor The Centre of T 2415 N. Monro	porations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Curae Group, 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 $\frac{04/23/2021}{1}$ and assigned Florida document number <u>L21000189908</u> 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 Ciry New Registered Agent's Signature, if changing Registered Agent: Thereby 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 morely 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Andres Valverde	701 Brickell Key Blvd, PH2	
		Miami, FL 33131	□Remove
			□Change
MGR	Andres Valverde	701 Brickell Key Blvd, PH2	≘ Add
		Miami, FL 33131	□Remove
			□ Change
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Effective date, if other than the	e date of filing:			(option:	\sim	
fan effective date is listed, the date mu Note: If the date inserted in this b locument's effective date on the E	st be specific and canno lock does not meet th	ie applicable st	of filing or more tha atutory filing requ	ın 90 days after fili	ng.) Pursuant 6	o 605,020 e listed a
record specifies a delayed effection of the filed.	ve date, but not an eff	ective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day	after the
June 11 Dated	. 202	:I 				
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- Am	Signature of a member	r or authorizad -	anracantarida al a -	umbac		

Filing Fee: \$25.00