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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: LU	VJonez Koll	ection	
30 5 00000000000000000000000000000000000		ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Danielle	Name of Person	
	·	Firm/Company	
	2448 Eist	er Dr Address	
	Truksonville	Florida 3221	\$
	nicoka E-mail address: (1. da ama 1. ao	ication)
For further information co	oncerning this matter, please co	all:	
Danielle C	Dreen	at (904) 708 -	9909
Name of	l'Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for th	ne following amount:		2
S≥ \$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 exclosed)
Mailing Addres	<u>s:</u>	Street Address:	
Registration S		Registration Sec	
Division of C		Division of Corp	
P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monro	allanassee e Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Curbnez (Colletion: LLC		
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our records.) imited Liability Company)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L210024436</u>	npany were filed on <u>Myy 25, 203</u>	1 and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the a	abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the nar</u>	ne of the nev	v registered
Name of New Registered Agent:			<u> 1</u>
New Registered Office Address:		27	
<u> </u>	Enter Florida street address	<i>A</i> :	
	, Florida	Map Code	<u> </u>
	* ***	£	

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>	Address	Type of Action
MGR	Danielle Green	2448 Eisner Dr	CBAdd
		Jacksonville 71, 32218	□Remove
			□Change
AMBR	Janette Ann Lewis	6942 Arlex Dr. S	[YAdd
		Jacksonville F1 32211	□Remove
			□Change
<u>.</u>			□Add
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an effective date is listed, to ote: If the date inserted occument's effective date	than the date of filing:	requirements, this date will not be listed as
record specifies a delayer is filed.	d effective date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
ated <u>June</u>	Signature of a member or authorized representative of	f a member
	Typed or printed name of signee	