L2200399029

(Re	questor's Name)	
(Ad	laress)	
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(
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
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Special Instructions to Filin	ng Officer.	
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Office Use Only



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(10/27/2022

COVER LETTER

TO: Registration S Division of Co	ection rporations		
UBJECT: CURRY A	VIATION LLC		
	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub		
	KIMBERLY L. ALLMAN	4	
		Name of Person	
		Firm/Company	
	616 N. PALMETTO STR	EET	
		Address	
	LEESBURG, FL 34748-4		
		City/State and Zip Code NESSORTHOPEDICS.COM	
For further information of	E-mail address: (oncerning this matter, please c	to be used for future annual report notifall:	ication)
KIM L ALLMAN		352 364-9421	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fec	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	.s:	Sam	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

CURRY AVIATION, LLC (Name of the Limited Liability Company as it now appears on our records.) 2022 CUT 27 All 9: 11

(A Florida Limited I	Liability Company)	: ,
The Articles of Organization for this Limited Liability Company Florida document number L22000399029	were filed on 09-13-2022 and assigned	٠ .
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new core	NA	
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A-	- - -
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new regist	<u>ered</u>
Name of New Registered Agent:		
New Registered Office Address:		-
	Enter Florida street address	-
	City Zin Code	_
New Registered Agent's Signature, if changing Registered Agent:	210 Code	•

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 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 Name **Address** Type of Action Ham Mitterthal 10094 Lake Micha Way and _ 🗆 Remove Change AMBR Kimberly Knamer 1322 N. Leavitt St. Chicago, IL. 60622 _____ □Add _____ Change _____ Change _____ □Remove

_____ ПСнапде

AMENDING EFFECTIVE DATE FR				- 10/27/20
				
				
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tive date, if other than the date of f ffective date is listed, the date must be specific of the date inserted in this block door	and cannot be prior to	date of filing or more	(optio	cu vo
If the date inserted in this block does renent's effective date on the Department	ioi meet me addiicai	ole statutory filing re	equirements, this	date will not be liste
nom a cricente date on the Department	of State's records.			
ord specifies a delayed effective date, but	not an affactive time	12-01		
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SEPTEMBER 15TH				
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