

L22000399029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

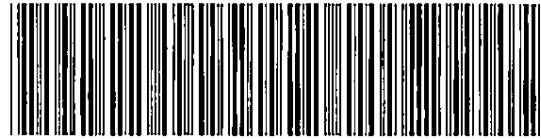
(Document Number)

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09/27/22 -01022 -022 **30.00

2022 OCT 27 11:19:11

2022 OCT 27 AM 8:42

10/27/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CURRY AVIATION LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KIMBERLY L. ALLMAN

Name of Person

Firm/Company

616 N. PALMETTO STREET

Address

LEESBURG, FL 34748-4177

City/State and Zip Code

KIM@ADVANCEDWELLNESSORTHOPEDICS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIM L ALLMAN

Name of Person

352
at ()
Area Code

364-9421

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$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 Address:

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

CURRY AVIATION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>	<u>Type of Action</u>
AMBR	Harry Mitterthal	10094 Lake Michaud Way Oxford, FL 34484	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kimberly Kramer	1322 N. Leavitt St. Chicago, IL 60622	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

AMENDING EFFECTIVE DATE FROM 12-01-2022 TO EFFECTIVE DATE OF ~~09-13-2022~~

10/27/2022

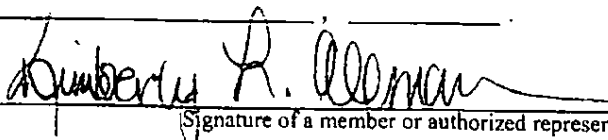
E. Effective date, if other than the date of filing: ~~FROM 12-01-2022 TO NEW 09-13-2022~~ 10/27/22 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated SEPTEMBER 15TH 2022

 A.R.

Signature of a member or authorized representative of a member

KIMBERLY L. ALLMAN, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee