## LZZ000438864

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	- "

Office Use Only



700400658347

01/18/23-+01020--005 \*\*25.00

5:3.1.2 Class

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations	•		
CURWALI	LLLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	NOELIA RAMOS			_
		Name of Person		
	NOELIA M RAMOS PA			(-2)
		Firm/Company	•	- 1 33 - 12 6-
	PO BOX 227158			: :
		Address		
	MIAMI FL 33222			en en 18 fals 3
	<del> </del>	City/State and Zip Code		<u> </u>
	noelia@nramoslaw.com			
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please co	all:		
NOELIA RAMOS		786 3008117		
Name o	r`Person	Area Code Daytin	ne Telephone Numbe	r
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7	rporations	810
	·	Tallahassee, FI	•	- <del>-</del>

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CURWALL LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
the Articles of Organization for this Limited Liability Company lorida document number <u>L22000438864</u> .	were filed on 10/11/2022	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)	9160 Forum Con Surte 350 Fort Myers, Floric	porate Pkwy
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		: : ::
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	ne name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
<del></del>	City , Filot	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 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>	Address	Type of Action
AMBR	FEINER LOPEZ HOSTOS	15523 Sw 96 Ter	<b>=</b> Add
		15523 SW 96 Ter Miani F1 33196	□Remove
			□Change
			□Add
			□ Remove
			Change  Change  Add
			2
			☐ Remove
			□Add
			□Remo <del>ve</del>
	<del></del>		□Add
			□ Remove
		<del></del>	🗀 Add
			□Remove
			□ Change

	<del></del>
	<del></del>
ZV	
<u>. :</u>	
; 1 	

Filing Fee: \$25.00