

L22 000438864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

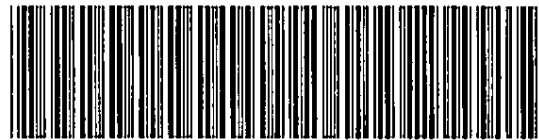
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

164411 01/18/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CURWALL 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:

NOELIA RAMOS

Name of Person

NOELIA M RAMOS PA

Firm/Company

PO BOX 227158

Address

MIAMI FL 33222

City/State and Zip Code

noelia@nramoslaw.com

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

For further information concerning this matter, please call:

NOELIA RAMOS

786

3008117

at (_____) _____

Name of Person

Area Code

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

SEP 18 11:11:31

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FEINER LOPEZ HOSTOS	15523 SW 96 Ter	<input checked="" type="checkbox"/> Add
		Miami FL 33196	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
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(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)

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 January 12th, 2023

PACIA COBARR
Signature of a member or authorized representative of a member

PAULA ANDREA ESCOBAR PLAZAS

Typed or printed name of signer