L23000010991

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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COVER LETTER

TO:

Registration Section

DIV	ision of Cor	porations			
SUBJECT:	Curila Grou	p. LLC			
SUBJECT.		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
Please return	all correspo	ndence concerning this matter	to the following:		
		Marc Curreri			
			Name of Person		
			Firm/Company	<u></u>	
		3100 SE 4th Ave			
			Address		
		FT Lauderdale, FL 33316		SEC	?023
		marc@marineprofessionals	City/State and Zip Code .com	7.77	
			to be used for future annual report notification)	m m	-i -: [7
For further in	nformation co	oncerning this matter, please co	all:		י כ
Marc Currer			954 868-9378 at ()	0 <i>r</i>	<u>ن</u>
	Name of	î Person	Area Code Daytime Telephone N	Sumber	
Enclosed is a	a check for th	e following amount:			
□ \$25.00 H	Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee ertificate of Sta ertified Copy Iditional copy is en	itus &
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Section orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		FL 32314	2415 N. Monroe Street, S.	uite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Curita Ciroup, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company		and assigned
lorida document number L23000010991		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		F 223
		= = = = = = = = = = = = = = = = = = = =
Enter new mailing address, if applicable:		ÿ;. 4
Mailing address MAY BE A POST OFFICE BOX)		the m
		DE S
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	nnier riorida street address	
	, Flor	ida Ziv Code
	City	ZID Coae

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marc Curreri	7827 Blue Sage Way	= Add
		Parkland, FL 33076	□Remove
			□Change
			□Add
			□Remove
			Change
		FALL. IIA	SE DANG F
		SE FE	Remove
		רו ווויא	Change
			🗆 Add
			Remove
			□Change
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