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| Certified Copies        | Certificate       | es of Status |
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| Special Instructions to | Filing Officer.   |              |
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#### COVER LETTER

TO:

| TO: Registration :<br>Division of Co  |   |   |  |
|---|---|---|--|
|   | Curve, LLC                                |   |  |
| SUBJECT:  | Name of Lin                               | nited Liability Company   |  |
| The enclosed Articles o   | f Amendment and fee(s) are sub            | omitted for filing.   |  |
|   | oondence concerning this matter           | -   |  |
|   | Kramer Litvak                             |   |  |
|   |   | Name of Person  |  |
|   | Litvak Beasley Wilson &                   | Ball, LLP   |  |
|   | <del></del>                               | Firm/Company  |  |
|   | 40 S. Palafox Place, Suite                | 300   | 57.1%.<br>2023 OCT 24<br>SEGRETATE   |
|   | <del></del>                               | Address   |  |
|   | Pensacola, FL 32502                       |   |  |
|   | shawnbrantley@brantleyas                  | City/State and Zip Code sociates.com to be used for future annual report notif                    |  |
| For further information   | concerning this matter, please c          | ·   | ication)   |
| Kramer Litvak   |   | 850 432-9818  |  |
| Name  | of Person                                 |   | Telephone Number   |
| Enclosed is a check for   | the following amount:                     |   |  |
| ■ \$25.00 Filing Fee  | S30.00 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 Addre<br>Registration<br>Division of O<br>P.O. Box 63<br>Tallahassee, | Section<br>Corporations<br>27             | Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL | oorations<br>allahassee<br>Street, Suite 810   |

# TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited I   | iability Compa<br>Florida Limited | iny as it now appears on (<br>Liability Company) | our records.)                            |
|--|-----------------------------------|--|--|
| The Articles of Organization for this Limited Liabi Florida document number <u>L23000205257</u>  | lity Company<br>                  | were filed on April 25                           | and assigned                             |
| This amendment is submitted to amend the following   | ng:                               |  |  |
| A. If amending name, enter the new name of the   | e limited liab                    | ility company here:                              |  |
| The new name must be distinguishable and contain the words   | s "Limited Liabi                  | lity Company," the designa                       | ntion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable   | e:                                | 5700 English Turn D                              | rive                                     |
| (Principal office address MUST BE A STREET A   | (DDRESS)                          | Pace, FL 32571                                   |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO.  B. If amending the registered agent and/or registates and/or the new registered office address here. | stered office a                   | address on our record                            | ds, enter the name of the new regis      |
| Name of New Registered Agent:  | R. Shawn Brant                    | tley   | -  |
| New Registered Office Address: 5   | 5700 English Turn Drive           |  | <del></del>                              |
| _  |                                   | Enter Florida sti                                | reet address                             |
| <u> </u>   | Pace                              | Cin  | , Florida                                |
|  |                                   | Cuì.   | Σιρ Coae                                 |

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      |
|--------------|-----------------|---------------------|---------------------|
| MGR          | James Waters    | P.O. Box 12505      | 🗆 Add               |
|              |                 | Pensacola, FL 32591 | ■Remove             |
|              |                 |                     | □Change             |
| MGR          | Jennifer Waters | P.O. Box 12505      | □Add                |
|              |                 | Pensacola, FL 32591 | <b>=</b> Remove     |
|              |                 |                     | 20년 OCT             |
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| Effortive data if other than the  | doto of filing.                                  | (1)   |
| Effective date, if other than the fan effective date is listed, the date mu   | st be specific and cannot be prior to date of fi | (optional) iling or more than 90 days after filing.) Pursuant to 605.0. |
| Note: If the date inserted in this be document's effective date on the D  | lock does not meet the applicable statute        | ory filing requirements, this date will not be listed                   |
| document serietive date on the E  | repartment of state's records.                   |   |
| and an aniform of delicing to the contract of | d h 12.6   |   |
| rd is filed.  | re date, but not an effective time, at 12%       | 01 a.m. on the earlier of: (b) The 90th day after the                   |
|   |  |   |
| September 27<br>Dated   | 2023   |   |
|   |  |   |
|   |  |   |
|   | Signature of a member or authorized repre-       |   |

Typed or printed name of signee

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Lia<br>(A Flo  | bility Compan<br>orida Limited Li | y as it now appears on or ability Company) | ar records.)            |                   |             |
|---|-----------------------------------|--|-------------------------|-------------------|-------------|
| The Articles of Organization for this Limited Liabilit  | y Company v<br>                   | were filed on April 25,                    | 2023                    | and assign        | ıed         |
| This amendment is submitted to amend the following  | g:                                |  |                         |                   |             |
| A. If amending name, enter the new name of the l  | limited liabil                    | ity company here:                          |                         |                   |             |
| he new name must be distinguishable and contain the words "   | Limited Liabili                   | ty Company," the designat                  | ion "LLC" or the ab     | breviation "L.L.C | 2."         |
| Enter new principal offices address, if applicable:   |                                   | 5700 English Turn Dri                      | vc                      |                   |             |
| Principal office address MUST BE A STREET AD  | DRESS)                            | Pace, FL 32571                             | 13.E                    | 1023              |             |
|   |                                   |  | - X                     | )<br>(C)          |             |
|   |                                   |  | 77.2                    | 21                |             |
| inter new mailing address, if applicable:   |                                   |  | , <del>-</del> 4,       | <u>-0</u>         |             |
| Mailing address MAY BE A POST OFFICE BOX)   | )                                 |  |                         |                   |             |
|   |                                   |  |                         | 30                |             |
| 3. If amending the registered agent and/or registe<br>gent and/or the new registered office address her | <u>'e</u> :                       |  | s, <u>enter the nam</u> | e of the new r    | <u>egis</u> |
| Name of New Registered Agent:   | Shawn Brantle                     | ey   |                         |                   |             |
| New Registered Office Address: 570  | 00 English Tu                     | m Drive                                    |                         |                   |             |
|   |                                   | Enter Florida stre                         | et address              |                   |             |
| Pac   | :e                                |  | , Florida               | 571               |             |
|   |                                   | City ·                                     |                         | Zip Code          |             |

#### New Registered Agent's Signature, if changing Registered Agent:

Inside the Curve, LLC

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>l'itle</u>       | Name            | Address             | Type of Action |
|---------------------|-----------------|---------------------|----------------|
| MGR                 | James Waters    | P.O. Box 12505      | □Add           |
|                     |                 | Pensacola, FL 32591 | \exists Remove |
|                     |                 |                     | Change         |
| MGR Jennifer Waters | Jennifer Waters | P.O. Box 12505      |                |
|                     |                 | Pensacola, FL 32591 | ■Remove        |
|                     |                 |                     | Change         |
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| ective date, if other than the date of filing:                | rior to date of filing or more than 90 days after filing.) Pursuant to 605.02 |
| te: If the date inserted in this block does not meet the app  | plicable statutory filing requirements, this date will not be listed          |
| rument's effective date on the Department of State's recor    | rds.  |
| cord specifies a delayed effective date, but not an affective | a time at 12.01 and another addition of the The Ook day of a st               |
| s filed.  | e time, at 12:01 a.m. on the earlier of: (b) The 90th day after the           |
|   |   |
| ed September 27 , 2023  | <u>2</u>  |
|   |   |
| <del>7</del> /10  |   |
| Signature of a member or a                                    | athorized representative of a member  |