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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

PLEASE USE FUNDS FROM THIS AC AUTHORIZATION SIGNATURE:	. .		
O Curry Ford LLC L230004:			
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NEW FILINGS	<u>AMMENDMENTS</u>		
Profit Not for Profit Limited Liability Domestication Other LLLP	Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Conversion		
OTHER FILINGS	REGISTERATION/QUALIFICATIONS		
Annual Report	Foreign Filing Limited Partnership		
Fictitious Name	Reinstatement Trademark		
APOSTIL ()	Other		
Country			
	EXAMINER'S INITIALS:		

FLORIDA CAPITAL COURIER SERVICES. INC 2360 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

	THIS ACCOUNT: I20210000160: \$60.00			
AUTHORIZATION SIGNATION Curry Ford LLC	URE:			
USINESS (Name) Document #				
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_X_Certified Copy				
X Certificate of Status				
NEW FILINGS	AMMENDMENTS /			
Profit Not for Profit Limited Liability Domestication Other LLLP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion			
OTHER FILINGS	REGISTERATION/QUALIFICATIONS			
Annual Report	Foreign Filing			
Fictitious Name	Limited PartnershipReinstatement Trademark			
APOSTIL () Country	Other			
	EXAMINER'S INITIALS:			

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: O Curry Ford LLC Name of Gmited Liability Company	
The enclused Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Stephanie C. Sovrentino Name of Person Hid E Nation, Tho	
824 EXECUTIVE DR. Address	
Oviedo, Fl. 32765 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Stephonu C. Sovantino at 407 542 - 4991 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Graited L	ny as if now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23 0004 201047</u>	were filed on September 8th 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	llity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	824 Executive De. Oviedo, Fl. 32765
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	824 Executive DR. Oviedo, Fl. 32765
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	d E Nation, Inc.
New Registered Office Address: 824	Executive De. Enter Florida street address
-	Oviedo, Florida 32765
New Registered Agent's Signature, if changing Registered Agent:	, in conc

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 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	Stephonie C. Sorrentino	824 Executive Dr.	XAdd
		Oviedo, Fl. 32765	□Remove
			Change
MGR	Orlando City Realty Conf	3005 Aulin Ave	□Add
		Oviedo, Fl. 32765	Remove
			Change
			□Add
		<u> </u>	□ Remove
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n effective date i <u>ste:</u> If the date	if other than the c is listed, the date must inserted in this bloo ctive date on the Dep	be specific and ck does not m	cannot be pelor neet the applic	to date of filing able statutory	or more than 90 o	_ (optional) days after filing.) I conts, this date w	Pursuant to 605.020 rill not be listed a
	a delayed effective	date, but not	an effective ti	ime, at 12:01 a	.m. on the earli	er of: (b) The	90th day after the
cord specifies s filed.							
is filed.	3/5+		<u>2024</u> 7 27	 	2		
ecord specifies is filed.	3/5+	Signature of a n	2024 nember or author	orized represent	ative of a member		

Filing Fee: \$25.00