27-Jun-2024 .19:54

To: +18506176383

From: +18135442006

Fax Number : (850)617-6383

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Florida Department of State

Division of Chroprations Chomb Villing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BRICK BUSINESS LAW, P.A.

Account Number : I20230000178 Phone : (813)816-1816 Fax Number : (813)692-1982

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: danielle.peynado@brickbusinesslaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **0 CURRY FORD LLC**

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COVER LETTER

Fax Number : (850)617-6383

TO: Registration Se Division of Cor		• •			
0 CURRY SUBJECT:	FORD LLC				
SUBJECT:	Name of Lim	ited Liability Company	· · · ·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	DANIELLE PEYNADO				
		Name of Person			
	BRICK BUSINESS LAW	, P.A.			
		Firm/Company		Λ.	~. .
	3413 W FLETCHER AVE			.; ;_	
		Address		24 JUN 27	11744
	TAMPA, FLORIDA 3361	8		7 P	7.7.8 033.8 033.8
	DANUELLE BEVALADADA	City/State and Zip Code	-	PM12: 16	- 150 - 150 - 150
	=	BRICKBUSINESSLAW.COM to be used for future annual report noti	fication)	<u></u>	걸표
For further information c	oncerning this matter, please c	all:			Siring
DANIELLE PEYNADO)	813 816-1816			
Name o	f Person	at ()	e Telephone Number		
Enclosed is a check for the	he 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 Sta Certified Copy (additional copy is cr	itus &	
Mailing Addres	is:	Street Address:			

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Fax Number : (850)617-6383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fax Number : (850)617-6383

0 CURRY FORD LLC		<u></u>			
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on our Liability Company)	records.)	_	
The Articles of Organization for this Limited 1	Liability Company	were filed on 09/08/2023		and assig	ned
Florida document number L23000420647	· · · · · · · · · · · · · · · · · · ·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbrev	iation "L.1	C."
Enter new principal offices address, if appli	cable:	365 AULIN AVE			
(Principal office address MUST BE A STREET ADDRESS)		OVIEDO, FL 32765		124	200
					हेर्द
				27	15 -,
Enter new mailing address, if applicable:		PO BOX 1260		-0	
(Mailing address MAY BE A POST OFFICE BOX)		GENEVA, FL 32732		2	<u> </u>
			<u> </u>		<u> </u>
					77
B. If amending the registered agent and/or agent and/or the new registered office address.	•	address on our records, <u>s</u>	enter the name of	the new i	registere
Name of New Registered Agent:	ORLANDO C	TY REALTY CORP		·	
New Registered Office Address:	365 AULIN A	VE			
		Enter Florida street	address		
	OVIEDO		_, Florida _32765		
		City		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.

Colette Robertson	
If Changing Registered Agent, Signature of New Registered Agent	_

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Fax Number : (850)617-6383 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	ORLANDO CITY REALTY CORI	PO BOX 1260	⊟ Add
		GENEVA FL 32732	□Remove
			□Change
MGR	STEPHANIE C SORRENTINO	824 EXECUTIVE DR.	
		OVIEDO, FL 32765	■Remove
			□ Change -
			□A₩
			□Remove □ □ □ S S S S S S S S S S S S S S S S
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
			□Add
			□ Remove
			□ Change

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ctiv cffcc	e date, if other than the date of filing: (optional) tive 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 60
	'the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis nt's effective date on the Department of State's records.
ord file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after it.
:d	27/06/24
	Colatte Robertson Signature of a member or authorized representative of a member

Filing Fee: \$25.00