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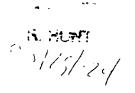
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10/11/24 (11.4 -001 601.1)



COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations LIVING PROPERTY GROUP CONSTRUCTION LLC SUBJECT: 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: Ana Germeroth Name of Person LIVING PROPERTY GROUP CONSTRUCTION LLC Firm/Company 9057 Silver Lake Dr Address Leesburg, FL 34788 City/State and Zip Code AnaGermeroth@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ana Germeroth Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIVING PROPERTY GROUP CONSTRUCTION LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/30/2023}{10/30/2023}$ and assigned Florida document number ______. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CURE Construction, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMRR =	Authorized Member	

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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to d	late of filing or more than 90 days after filing.) Pursuant to 605.02
<u>ste:</u> If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time,	, at 12:01 a.m. on the earlier of: (b) The 90th day after th
is filed.	
May 9, 2024	
ted	

Typed or printed name of signee