

(Re	equestor's Name)
(Ád	dress)
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(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
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08/14/24--01015--012 **30.00

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
(1212) 221 <i>2</i> 221		PEAL MASTERS LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		CONNOR BURK		
			Name of Person	
		CURB APPEAL MASTER	RS LLC	
			Firm/Company	
		2083 OTTERBEIN AVE		
			Address	
		COCOA FL, 32926		
			City/State and Zip Code	
		CONNOR.CURBAPPEAL	~	
		E-mail address: (to be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please ca	ıll:	
CONNOR E	BURK		321 544-6101	
	Name of	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	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 Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address:	oction
	gistration S vision of C	orporations	Registration Se Division of Co	
). Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CURB APPEAL MASTERS 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 $\frac{03/21/2024}{1}$ and assigned Florida document number L24000140130 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 , Florida ___

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.

City

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>	<u>Address</u>	Type of Action
AMBR	JOCELYN NOBLE	2083 OTTERBEIN AVE COCOA FL, 32926	= Add
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effective date is listed, the ter. If the date inserted it	date must be specific ar n this block does not	nd cannot be prior to o	late of filing or more than e statutory filing requi	190 days after filing.) Prements, this date wi	irsuant to 605.020 If not be fisted a
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ecord specifies a delayed is filed. JULY 29		. · · · · · · · · · · · · · · · · · · ·	at 12:01 a.m. on the o		Oth day after the

Filing Fee: \$25.00