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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
	CURVY G	IRDLES LLC			
SUBJECT:		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub-			
Please return	all correspo	ndence concerning this matter	to the following:		
		YASMIN LEMUS			
			Name of Person	 	
		CURVY GIRDLES LLC			
			Firm/Company		
		9350 NW 39TH CT			
			Address	=	
		SUNRISE, FL 33351			
			City/State and Zip Code		
		yasminlemus9@gmail.com	to be used for future annual report notific	antsun)	
For further in	nformation co	oncerning this matter, please ca	•	-account	
YASMIN LI	EMUS	•	954 860-3765		
	Name of	f Person	at ()Area Code Daytime	Telephone Number	
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificated Status & Certified Copy 1 (3) (additional copy is enclosed)	tar and the state of the state
Reg Div P.C	iling Addres gistration S vision of C D. Box 632 Ilahassee, F	Section orporations 7	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee. FL	orations Illahassee Street, Suite 810	, TE-1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CURVY GIRDLES 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 10/18/2024 and assigned Florida document number L24000446033 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: YASMIN LEMUS Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 sif 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

Title	<u>Name</u>	Address	Type of Action
MGR	YASMIN LEMUS	9350 NW 39TH CT	□Add
		SUNRISE FL 33351	□Remove
			Change
MGR	CARLOS VALLE	9350 NW 39TH CT	□Add
		SUNRISE FL 33351	□Remove
			= Change
			🗆 Add
			□Remove
			□Change
			□Add
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			□Add
			□Remove
			□Change

		
		
 		
Effective date, if other than the	e date of filing: (or	ptional)
If an effective date is listed, the date mu	ist be specific and cannot be prior to date of filing or more than 90 days at lock does not meet the applicable statutory filing requirements.	fter filing.) Pursuant to 605,020
document's effective date on the D		
		* <i>E</i>
e record specifies a delayed effectived is filed.	we date, but not an effective time, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
		JALL)
Dated	2024	C 17
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19	_	SEC PA
	Company of a marshar or mathematical communication of 1	
	Signature of a member or authorized representative of a member	PH 4: 12 OF STATE SSEEL, FL

Filing Fee: \$25.00