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(Requ	uestor's Name)	
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COVER LETTER

	Registration Sec Division of Cor			
etin ire	Curtis Den	nison LLC		
SUBJEC	, I :	Name of Lim	ited Liability Company	
The encle	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		Curtis Dennison		
		Curtis Dennison LLC	Name of Person	
		10201 Via Colomba Circle	Firm/Company	
		Fort Myers, FL 33966	Address	
		curtis.dennison@gmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ca	all:	
Curtis D	ennison		412 613-9586 at ()	
	Name of	Person	Area Code Daytimo	: Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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 Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Curtis Dennison LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records. nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	and assigned	
Florida document number L19000157835		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	والبين ومساء
Enter new principal offices address, if applicable:		25-7 CD
Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
		102 L
Inter new mailing address, if applicable:		07.
Mailing address MAY BE A POST OFFICE BOX)		61.7
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Curtis Everett Dennison	10201 Via Colomba Circle Fort Myers, FL 33966	= Add
			Remove
			☐ Change
A/R	Annell J Dennison		□ Add
		10201 Via Colomba Circle Fort Myers, FL 33966	■ Remove
			Change
			☐ Add
			□ Remove
		····	Change
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n effecti ite: If t	date, if other we date is listed, the he date inserted 's effective date	e date must be s in this block of	specific and can does not meet	inot be prior to the applicat	date of filing o	r more than 90 o	_ (optional) lays after filing.) ents, this date	Pursuant to 605.	020 d a
he 90	d specifies a Oth day after	the record		e, but not	an effective	e time, at 1	2:01 a.m. (on the earlie	rc
ted	4/2/11	~} ,	/ · -		_ •				
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Typed or printed name of signee

Filing Fee: \$25.00