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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	





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2023 SEP 25 PH 3: 05 SECRETARY SEP 7 13

COVER LETTER

то:	Registration S Division of Co			
SUBJEC		NUTTE DEVELOPMENT 1. L	LC	
SUDJE	-1	Name of Lim	ited Liability Company	
TI I	1 4 2 1		: 16 GV	
		f Amendment and fee(s) are sub ondence concerning this matter	-	
r icase ie	aum an corresp	ondence concerning uns matter	to the following:	
		DOUGLAS CURNUTTE		
			Name of Person	
				20:
			Firm/Company	2023 SEP 25 SECRETAL
		1014 SPRINGSIDE WAY	·	는 보다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다
			Address	
		LOUISVILLE, KY 40223		
			City/State and Zip Code	3: 05
		dleurnutte@gmail.com	15	• •
17 4° - 41			to be used for future annual report notificatio	n)
		concerning this matter, please c	all:	
Rick Fie			502 4518678 at ()	
	Name	of Person	Area Code Daytime Tele	phone Number
Enclosed	l is a check for	the following amount:		
■ \$2 5.	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 Addre Registration Division of O P.O. Box 63:	Section Corporations	Street Address: Registration Section Division of Corpora The Centre of Tallah	tions

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DK CURNUTTE DEVELOPMEN	IT I, LLC	
(Name of the Limi	ted Liability Company as it now appears or (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited L	iability Company were filed on	2023 and assigned
Florida document number L230004	·	
This amendment is submitted to amend the fol-	lowing:	2023 SEC
A. If amending name, <u>enter the new name o</u>	of the limited liability company here:	FF 15 ISEP 2 ALLAP
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and/or agent and/or the new registered office addre		rds, enter the name of the new registered
Name of New Registered Agent:	Douglas Curnutte	
New Registered Office Address:	1600 Via De Luna Dr, #704-B	
_	Enter Florida	street address
	Pensacola Beach	, Florida 32561
	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
MGR	Douglas Curnutte	1014 Springside Way	
		Louisville, KY 40223	Remove
			■Change
MGR I	Karen Anne Curnutte	1014 Springside Way	
		Louisville, KY 40223	□Remove
			■Change
			□Add
			□Remove
			SECOND CONTROL OF THE PROPERTY
			□ Remove:
			□Add
			□Remove
			□Change
			
			Remove
			□Ch

	
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ctive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of	(optional) filing or more than 90 days after filing.) Pursuant to 605,020
If the date inserted in this block does not meet the applicable statument's effective date on the Department of State's records.	utory filing requirements, this date will not be listed as
ord specifies a delayed effective date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
filed.	·
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d Alisida.	
Signature of a member or authorized repr	

Filing Fee: \$25.00