Division of Corporations Electronic Filing Cover Sheet

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(((H100000765373)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094 Phone : (770)777-2091 : (770)220-1943 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPRING CAPITAL LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

G. MCLEOD

Electronic Filing Menu

Corporate Filing Menu

Help APR 0 6 2010

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COVER LETTER ·

TO:	Registration Division of C	Section Corporations		
SUBJE	CT:	SPRIN	G CAPITAL LLC	
		Name of Lin	nited Liability Company	The second secon
The encl	losed Articles	of Amendment and fee(s) are so	ibmitted for filing,	
Please ro	cium all corres	pondence concerning this matte	er to the following:	
			Sharon K. Gray	
			Name of Person	
		Triad	Professional Services, LLC	
			Firm/Company	
2050 Marconi Drive, Ste. 150				
		The same of the sa	Address	
		,	Alpharetta, GA 30005	
			City/State and Zip Code	
		fs	strasser@ebglaw.com	
			to be used for future annual report holifica	tion)
or furth	er information	concerning this matter, please	call:	
• • • • • • • • • • • • • • • • • • • 		naron K. Gray	a. (77-2091
	Name	of Person	Area Code & Daytimo T	clephone Number
Inclosed	is a check for	the following amount:		
\$2 5,00) Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

SPRING CAPITAL LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on	08/05/2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company b	ere:
The new name must be distinguishable and end with the words "Limited Liability Com"L.L.C."	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	3 Visi
and the second with a first time to be the first	7 9
W	
Enter new mailing address, if applicable:	29
(Mailing address MAY BE A POST OFFICE BOX)	7 A
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	inter Florida street address
	. Florida
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 608, 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

Page 1 of 2

MGR = Manager

MGRM = Managing Member

If amending the Munagers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
MGRM	Are H. Traasduhl	520 West Avenue, #805 Miami Beach, FL 33139	Add Remove
MGRM	Are H. Traasdahl	520 West Avenue, #805 Miami Beach, FL 33139	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	_
			-
Dated	April 5	2010	_
Dated	nes	Clinal Manie House	
		Strasser, Authorized Representative	
-	Тур	ped or printed name of signee	

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Filing Fee: \$25.00