

L190000 45380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

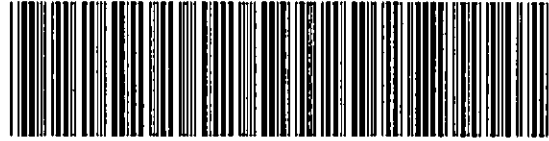
(Business Entity Name)

(Document Number)

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FILED

2019 OCT 15 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y. SULKER  
OCT 22 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2019

SPRINGSCAPES LAWN CARE, LLC  
13720 OLD ST AUGUSTINE ROAD STE 8-251  
JACKSONVILLE, FL 32258

SUBJECT: SPRINGSCAPES LAWN CARE, LLC  
Ref. Number: L19000045380

We have received your document for SPRINGSCAPES LAWN CARE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 619A00020323

RECEIVED  
2019 OCT 15 AM 10:31

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SpringScapes Lawn Care, 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 February 14, 2019 and assigned  
Florida document number L19000045380.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

13720 Old St. Augustine Road

Suite 8-251

Jacksonville, FL 32258

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

13720 Old St. Augustine Road

Suite 8-251

Jacksonville, FL 32258

**B. If amending the registered agent and/or registered office address on our records, enter name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Amy Spring

New Registered Office Address:

13720 Old St. Augustine Road, Suite 8-251

*Enter Florida street address*

Jacksonville

, Florida

32258

*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.*

*Amy Spring*  
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	AMY SPRING		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		13720 Old St. Augustine Road, Ste. 8-251 Jacksonville, FL 32258	<input checked="" type="checkbox"/> Change
AMBR	MICHAEL SPRING		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		13720 Old St. Augustine Road, Ste. 8-251 Jacksonville, FL 32258	<input checked="" type="checkbox"/> Change
AMBR	JERIMY SPRING		<input type="checkbox"/> Add
		14936 Corklan Branch Circle Jacksonville, FL 32258	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	COURTNEY SPRING		<input type="checkbox"/> Add
		14936 Corklan Branch Circle Jacksonville, FL 32258	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 16 2019

*Amy Spring*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

## Amy Spring

Typed or printed name of signee