## 715823

	(Requestor's Name)
	(Address)
•	(Address)
•	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Springtime Tallahass ON:	ee, Inc.			
DOCUMENT NUMBER:	715823				
The enclosed Articles of Art	nendment and fee are subn	nitted for filing.			
Please return all correspond	ence concerning this matte	r to the following:			
Jennifer Shafer					
		(Name of Contact Pe	erson)		
Springtime Tallahassee, Inc	:.				
		(Firm/ Company	·)		
501 E Tennessee Street, Ste	: A				
		(Address)			
Tallahassee, FL 32308					
		(City/ State and Zip	Code)		
director@springtimetallaha	ssee.com				
	E-mail address: (to be used	for future annual rep	ort notification	)	
For further information con-	cerning this matter, please of	call;			,, <b>o</b>
Jennifer Shafer		at	850	224-5012	<u> </u>
	(Name of Contact Person)		(Area Code)	(Daytime Telephor	ne Number)
Enclosed is a check for the	following amount made pay	yable to the Florida I	Department of S	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & U Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	) Filing Fee cate of Status ed Copy ional Copy is sed)	2 2: 27

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahussee, F1, 32314 Street Address

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

## Articles of Amendment to Articles of Incorporation of

Springtime Tallahassee, Inc.

(Name of Corporation	ı as currentl	y filed with the	Florida Dept. of	State)	
715823					
(Docur	ment Number	of Corporation	(if known)		
Pursuant to the provisions of section 617.1006, Flomendment(s) to its Articles of Incorporation:	rida Statutes	, this <i>Florida Ne</i>	ot For <b>Profit</b> Corp	poration adopts the	following
A. If amending name, enter the new name of the	e corporatio	<u>n:</u>			
					_The new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the name		on" or "incorpo	rated" or the abb.	reviation "Corp." (	or "Inc."
3. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>					
	- -				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> ) .				
If amending the registered agent and/or registered registered agent and/or the new register			rida, enter the na	me of the	ه <b>ت</b> .:
Name of New Registered Agent:	lennifer Shafer			; <del>1</del>	
Name of Non-Registered Agent.	501 E. Tennessee Street, Ste A. Tallahassee, FL 32308		:ウ		
New Registered Office Address;	(Florida street address)		77 ,%		
<u>New Registerea Office Address:</u>					153
		(City)		_, Florida <u> </u>	27
ew Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			cept the obligatio	ns of the position	
_	Jun	nifer 8,	refer		
_	Sig	nature of New K	egikt <b>è</b> red Agent, <u>i</u>	f changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

Example: XChange X Remove X Add	<u>V</u> <u>Mi</u>	<u>in Doe</u> <u>ke Jones</u> lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
·1) X Change	DP	Melder, Mike	501 E. Tennessee Street, Suite A
Add			Tallahassee, FL 32308
Remove			
2) X Change	CTT	Jarrett, Joel	501 E. Tennessee Street, Suite A
Add			Tallahassee, FL 32308
Remove			
3) X Change	SD	Fulton, Samantha	501 E. Tennessee Street, Suite A
Add			Tallahassee, FL 32308
Remove			
4) X Change	S	Scaringe, Becky	501 E. Tennessee Street, Suite A
Add			Tallabassee, FL 32308
Remove			
5) Change			
Add	<del></del>		
Remove			
6) Change		<u></u>	
Add			
Remove			

E. If amending or adding additional Articl (attach additional sheets, if necessary).	(Be specific)		
		·····	<del></del>
<del></del>			
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			-
	·····-		
			·
	<del></del>		

	date of each amendmen		, if other than the
	this document was signed ctive date if applicable:	July 1, 2018	
		(no more than 90 days after amendment file date)	
		his block does not meet the applicable statutory filing requirements, this date will not he Department of State's records.	be listed as the
Ado	ption of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/was/were sufficient for a	vere adopted by the members and the number of votes cast for the amendment(s) pproval.	
	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	July : Dated	23. 2018	
	Signature	Samuelle Jullon	
	have i	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Sa	mantha Fulton	
		(Typed or printed name of person signing)	
	St		
	_	(Title of person signing)	