# L100008359/

(Requestor's Name)
(Address)
·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400185375514

10/01/10--01008--021 \*\*25.00

10 OCT - 1 AM II: 4

SECRETARY OF STATE

T. HAMPTON OCT -4 2010 EXAMINEP

### COVER LETTER

•	COV	EK EETTEK					
TO: Registration Sect Division of Corpo		No. of the second secon					
SUBJECT:	Dring Lake	Acres LLC					
	/ Name of Limited Li	ability Company					
The enclosed Articles of Ar	mendment and fee(s) are submitted	for filing.					
Please return all correspond	lence concerning this matter to the	following:					
	Brent 3	Smith					
		Name of Person					
	Spring Lak	Ge ACres, LC Firm/Company	<u></u>				
		4					
	610 Marmon	a Ave					
		Address					
	Tampa, FC	/State and Zip Code					
City/State and Zip Code the brent/ink @ hotmail.com							
	The brent/ink ( E-mail address: (to be u	sed for future annual report notification	on)				
For further information cor	cerning this matter, please call:		,				
Brent S	Smith	at (813) 629-12	87				
Name of F	Person	Area Code & Daytime Tel					
Enclosed is a check for the	following amount:						
\$25.00 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** 

Spring Lake	e Acr	es, LL	-C		
(Name of the Limited Liabil (A Florid	<b>ity Company as it n</b> a Limited Liability C	ow appears on ou Company)	r records.)		
The Articles of Organization for this Limited Liability Florida document number <u>L1000008359</u>	Company were file	ed on <u>8/9</u>	110	_ and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the li</u>	mited liability con	npany here:			
The new name must be distinguishable and end with the w'L.L.C."	ords "Limited Liabi	ility Company," the	e designation "LLC	or the	abbreviation
Enter new principal offices address, if applicable:		IV/H		001	经高
(Principal office address MUST BE A STREET ADI	DRESS)			1_	
				<u> </u>	3240
Enter new mailing address, if applicable:		N/A		ii: Fi	STATE
(Mailing address MAY BE A POST OFFICE BOX)		,			ঠ
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	ldress here:	_	,	name (	of the new
Name of New Registered Agent:	Brent	Smit armora	h		
New Registered Office Address:	610 M	armora	A ce rida street addres		
	T				$\mathcal{C}$
	Tanpa		_, Florida <u> </u>	<b>S 60</b> Zip Code	<u>b</u>
New Registered Agent's Signature, if changing Registe				•	

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, thereby 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 the Managers 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:

MGR = Manager

MGRM = Managing Member Type of Action **Title** Name **Address** MGRM Marilyn Mc Ghan MGRM William Mc Ghan ☐ Remove Remove ☐ Add Remove Remove ☐ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00