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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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APR 23 7013

COVER LETTER

TO: Registration Sector Division of Corpo		
SUBJECT: LOW	Name of Limited Liability Company	
The enclosed Articles of Articles	mendment and fee(s) are submitted for filing.	5 5
Please return all correspond	lence concerning this matter to the following:	PR
	CALL STADL9L Name of Person	13 FPR 22 FM 3: 37
	FUL 4M HYNY TUBACO, CLC Firm/Company	31
	3429 CUTHBERT AUE.	
	City/State and Zip Code Carls corner 3 e com cas E-mail address: (to be used for future annual report notification)	37 +.ne+
For further information con	cerning this matter, please call:	
CARL STA	OCGA at (941) 875 - 22 Person Area Code & Daytime Telepho	one Number
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □ Certificate of Status	Sectificate of Status & Certificate Copy (additional copy is enclosed)

MAILING ADDRESS:

N. F.

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

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			
<u>Title</u>	<u>Name</u>	Address	Type of Action
	NO CHIMGE		Add
			Remove
			Add
			Remove PR 22
		21 77 (27) 73 (27) 73 (27)	Add
			Remove
			- —
			Add
			Remove
			Add
			Remove
			-
			Add
			Remove

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOLL EM !			
(Name of the Limite	d Liability Compan A Florida Limited Li	y as it now appears on our (iability Company)	records.)
The Articles of Organization for this Limited I Florida document number L _ 0 00 0 This amendment is submitted to amend the fol A. If amending name, enter the new name of PLAZA The new name must be distinguishable and end w "LaLC"	Liability Company	were filed on DEC 13	and assigned
This amendment is submitted to amend the fol	lowing:		R 22 1
A. If amending name, enter the new name of	of the limited liabi	ility company here:	
SPRING PLAZA	NOVEL	TY, LLC	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limit	ted Liability Company," the d	esignation "ELC" or the abbreviation
Enter new principal offices address, if appli	cable:	12709 7	AMIAMI TRAIL
(Principal office address MUST BE A STRE	ET ADDRESS)	HOLTH POLT	,FL 34287
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		NO CH MKS	
B. If amending the registered agent and registered agent and/or the new registered of			rds, <u>enter the name of the nev</u>
Name of New Registered Agent:	NO CHANCE		
New Registered Office Address:			
		Enter Florid	da street address
			, Florida Zip Code
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

1

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

). Įfan	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
ated _	
	Call Stall
	Signature of a member or authorized representative of a member
	CARL J, STADLER Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

13 FPR 22 PM 3: 37