## 1110000049318

(Requestor's N	ame)					
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

OCT 19 2011

## **COVER LETTER**

	tration Scion of Co	ection rporations			,
SUBJECT: _		Spring Garde	n Development, LLC		
			ited Liability Company		
The enclosed A	Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return a	ll correspo	ondence concerning this matter	to the following:		
	•		Raul Lopez		_
	•		Name of Person		
	Carlisle Development Group				_
			Firm/Company		
		2950	SW 27th Ave., Ste. #20	0	_
			Address		Acc 2
Miami, FI 33133			2011 OCT 17 SECRETARY ALLAHASSE		
City/State and Zip Code					
		rlopez@c	arlisledevelopmentgroup to be used for future annual report n	.com	ARY OF STA
r				otification)	TS A IT
ror turther into	ormation c	concerning this matter, please o	au:		()   8: 03   IATE   ORIDA
		Raul Lopez	at (_305_)	357-4748	<u> </u>
Name of Person		Area Code & Day	time Telephone Number	r	
Enclosed is a cl	heck for th	he following amount:			
□\$25.00 Filin		\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	ite of Status &
	Registr Divisio	ING ADDRESS: ration Section on of Corporations	Registration Sec Division of Cor	porations	
	P.O. B	ox 6327	Clifton Building	3	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on	and assigned
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 end with the words "Limited Liability Company," the design "L.L.C."	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	281 SI
(Principal office address MUST BE A STREET ADDRESS)	ARE S T
	TARY OF STATE
	E O M
Enter new mailing address, if applicable:	OF S
(Mailing address MAY BE A POST OFFICE BOX)	8: 0 0R:
	Σ, ω
B. If amending the registered agent and/or registered office address on our records, or registered agent and/or the new registered office address here:  Name of New Registered Agent:	enter the name of the new
New Registered Office Address:	
New Registered Office Address.  Enter Florida stre	eet address
	ida
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

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** <u>Title</u> <u>Name</u> **Address MGRM** Matthew S. Green ☑ Add ☐ Remove 2950 SW 27th Ave., Ste. #200 Miami\_FL 33133 Remove ☐ Add ☐ Remove Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) representative of a member Signature of a merk Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00