

6/2/24, 5:52 PM

Division of Corporations

H24000193557 3

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000193557 3)))



H240001935573ABC3

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : VENERABLE CORPORATE AND TRUST SERVICES, LLC  
Account Number : I20210000107  
Phone : (813)284-4727  
Fax Number : (813)436-8460

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:                     notices@venerable.law                    

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SPRUILL ENTERPRISES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUN - 4 2024

H24000193557 3

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SPRUILL ENTERPRISES LLC**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JASON SAMPSON

\_\_\_\_\_  
Name of Person

Venerable Corporate and Trust Services, LLC

\_\_\_\_\_  
Firm/Company

301 West Platt Street, No. 657

\_\_\_\_\_  
Address

Tampa FL 33606

\_\_\_\_\_  
City/State and Zip Code

jsampson@venerable.law

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Sampson

813

284-4727

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

H24000193557 3

H24000193557 3

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

SPRULL ENTERPRISES 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 12/15/2011 and assigned  
Florida document number L11000140781.

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)**

301 West Platt Street

No. 657

Tampa FL 33606

Enter new mailing address, if applicable:

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

301 West Platt Street

No. 657

Tampa FL 33606

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

Name of New Registered Agent:

VENERABLE CORPORATE AND TRUST SERVICES, LLC

New Registered Office Address:

301 W PLATT ST NO. 657

*Enter Florida street address*

Tampa

Florida 33606

*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.*

*Jason Sampson*

**If Changing Registered Agent, Signature of New Registered Agent**

H24000193557 3

H24000193557 3

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>
MGR	NESBITT, JAMES F	8619 MILES RD	<input type="checkbox"/> Add
		ODESSA, FL 33556	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NESBITT, MARY B	8619 MILES RD	<input type="checkbox"/> Add
		ODESSA, FL 33556	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Town Investments, LLC	30 N Gould St Ste R	<input checked="" type="checkbox"/> Add
		Sheridan, WY 82801	<input 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
		H24000193557 3	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 JUN - 02 PM 5:55  
JULY 1, 2024  
TALLAHASSEE, FLORIDA

FILED

H24000193557 3

