L13000060837

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COVER LETTER

TO: Registration Sec Division of Corp			, , , , , , , , , , , , , , , , , , ,
SUBJECT: />	<i>ish Spring Pre</i> Name of Limit	perties, LLC ed Liability Company	·
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	John Duck	Name of Person	
		Name of Person Company / nc. Firm/Company	
	6825 00	k Street Address	
	Milton,	FL 32570 City/State and Zip Code	
		be Use the wet o be used for future annual report notificati	
For further information co	oncerning this matter, please ca	all:	
John Du Name of	Person	at (<u>850)</u> 613 - 37 Area Code & Daytime Te	elephone Number
Enclosed is a check for th	e 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2013 MAY 23 PM 12: 50 SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on April 25, 2013 and assigned Florida document number _L 13000060837. 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 designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida City Ziv 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 ameuding 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
MGR	Michael A. O'Brien	9030 Will Sexton Road	Add
		9030 Will Sexton Road Milton, FL 32570	Remove
			Add
			Remove
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
_	
ed	Mzy 21 2013.
	John Duckle Signature of a member or authorized representative of a member
	John Rucke Signature of a member or authorized representative of a member Tohn Disckey Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

