



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.

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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 : DAVID R. CARTER, P.A.
Account Number : I20010000053
Phone : (352) 686-6278
Fax Number : (352) 686-7324

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

Email Address: johnleengiordano@yahoo.com

RECEIVED
2016 DEC 29 PM12:36

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPRING HILL RENTALS AND SALES OF HERNANDO
COUNTY, LL

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

D. SCOTT

DEC 30 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spring Hill Rentals and Sales of Hernando County LLC
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:

John Giordano

Name of Person

Spring Hill Rentals

Firm/Company

483 Mariner Blvd

Address

Spring Hill FL 34609

City/State and Zip Code

john.eileen.giordano@yahoo.com

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

For further information concerning this matter, please call:

John Giordano

Name of Person

at (727)

686-0810

Area Code

Daytime Telephone Number

FILED

16 DEC 29 2015 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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 Hill Rentals and Sales of Hernando County, 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 10-24-13 and assigned Florida document number L13000158410.

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)

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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:

Jimmy DeMaria

New Registered Office Address:

483 Mariner Blvd

Enter Florida street address

Springhill

Florida

34609

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.

If Changing Registered Agent, Signature of New Registered Agent

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>
<u>Mgr</u>	<u>Jimmy DeMaria</u>	<u>5366 Kirkwood Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Spring Hill, FL 34608</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Mgr</u>	<u>Jerry Harris</u>	<u>483 Cressida Circle</u>	<input type="checkbox"/> Add
		<u>Spring Hill, FL 34609</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Mgrm</u>	<u>John Giordano</u>	<u>7132 Gulf Wind Circle</u>	<input type="checkbox"/> Add
		<u>Hernando Beach FL 34607</u>	<input checked="" type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: December 1, 2016 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated Dec 27 2016

John Gurdan Signature of a man

Signature of a member or authorized representative of a member

John Giordano

Type or printed name of signee

16 DEC 29 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 3 of 3

Filing Fee: \$25.00