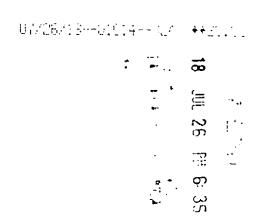
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(Requestor's Name)
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S. PRATHES

COVER LETTER

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TO:	Re Di	gistration Se vision of Cor	ction porations		
41 F 1 F 5	III CYN		AKE FINANCIAL, LLC		
SUB	JECT:		Name of Lim	ited Liability Company	
The	enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se retur	n all correspo	ndence concerning this matter	to the following:	
			DERYCK HARMER		
				Name of Person	
				Firm/Company	
			945 LANCASTER DRIV	E	
				Address	
			ORLANDO, FL 32806		
			ication)		
For i	urther	information o	oncerning this matter, please e	all:	
DEF	RYCK	HARMER		407 399-8245	
		Name o	f Person	Area Code Daytime	: Telephone Number
Encl	osed is	a check for th	ne 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO **OF**

ARTICLES OF ORGANIZATION SPRINGLAKE FINANCIAL, LLC

(Name of the Limite	ed Liability Company as it now appears on o	our records.)
<u></u>	ed Liability Company as it now appears on o (A Florida Limited Liability Company)	ت ن
The Articles of Organization for this Limited Lia Florida document number L14000121425	ability Company were filed on	014 and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
SPRINGLAKE PARTNERS, LLC		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designa	ttion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE)	T ADDRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE I</u>	BOX)	
B. If amending the registered agent and/or the new registered off Name of New Registered Agent:		records, enter the name of the
New Registered Office Address:		
New Registered Office Address.	Enter Florida st	reet address
		. Florida
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			Remove
			Change
			\ \ \ \ \ \ \ \ \
			☐ Remove
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			Change
			☐ Remove

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ective date if other than the date of filing:	(ontional)	
ective date, if other than the date of filing:	s after filing.) Pursuant t	o 605.0
e: If the date inserted in this block does not meet the applicable statutory filing requirement	s, this date will not be	e listed
ument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:	Olam on the e	arlier
he 90th day after the record is filed.	or a.m. on the c	umer
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Signature of a member or authorized representative of a member	·• ·	- 26
Signature of a member or authorized representative of a member	**	26 P!

Page 3 of 3

Filing Fee: \$25.00