L14000/41578

(Requestor's Name)		
(Ad	dress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
•	,	
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SECRETARY OF STATE

SEP 2 3 2014

T. HAMPTON

COVER LETTER *

TO: Registration Section Division of Corporations

SPROUT VENTURES, 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:

Judith R Lenz

Name of Person

SPROUT VENTURES, LLC

Firm/Company

15801 Sonoma Drive Apt. 305

Address

Fort Myers, FL 33908

City/State and Zip Code

russlenz@yahoo.com

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

For further information concerning this matter, please call:

Judith R Lenz

___239\322-945*1*

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPROUT VENTURES, 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 09/10/2014	and assigned
Florida document number L14000141578		FS 7
This amendment is submitted to amend the following:		SEP 19
A. If amending name, enter the new name of the lin	nited liability company here:	SEE
Sprouts Ventures, LLC		TO -
The new name must be distinguishable and end with the words "L	limited Liability Company," the designation "L	
Enter new principal offices address, if applicable:		IDA 9
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	istered office address on our recor	ds enter the name of the new
registered agent and/or the new registered office add		is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	255
	. F	lorida
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
	·		
			☐ Remove
	- 1-313		Add
			□ Remove
			SEP SEP
			SS 9
			PAGI: 59 Remove
			ORIO S ORIO Remove
			Add
		Remove	
			Add
			□ Remove

Amendment to Articles.pdf

6 of 6

D. If amending any other information,	enter change(s) here: (Attach additional
	· · · · · · · · · · · · · · · · · · ·
E. Effective date, if other than the date (The effective date must be specific, cannot be	of filing:
the date this document is filed by the Florida	
Dated Sept. 12	
Quality &	, Can
	ture of a member or authorized representative of a
Judith R Lenz	
	Typed or printed name of signee

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Filing Fee: \$25.00