150001901

	Requestor's Name)	
(Address)	
	Address)	
	City/State/Zip/Phone #)	
PICK-UP	WAIT D	MAIL
(Business Entity Name)	- .
	(Document Number)	
Certified Copies	Certificates of Stat	tus
Special Instructions	to Filing Officer:	 -

Office Use Only



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08/06/19--01030--008 **100.00

MIG-6 PM 2:39

2019 ATT -6 AM 8: 35

R. WHITE NO 7 2019

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT:	Spring Ch Name of Limit	Led Libbility Company	LC
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponder	nce concerning this matter t	o the following:	
-	Kay Oli	Name of Person	
	45 Will	Firm/Company	Olin & Assoc
	4	5 Walker Cr	eck Pr.
	Craw to	City/State and Zip Code MANA 4550 Cook be used for future annual report notif	32327 LATES Com
For further information conc	•		ication)
Kay OLi Name of Per	\sim	at (<u>404</u>) <u>73</u> 4	1-7994 e Telephone Number
Enclosed is a check for the fo	ollowing amount:		
15 / - \$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	
2019 AUG	-6 AM 8:35
Spring truck Disturs LLC.	
(Name of the Limited Liability Company as it flow appears on our records.)	
(A Florida Limited Liability Company)	,

(Name of the Limited Lit	ability Company as it how appears on our recor orida Limited Liability Company)	<u>ds.</u>) -
The Articles of Organization for this Limited Liabilit	ty Company were filed on $\frac{11/10/21}{21}$	o15 and assigned
Florida document number <u>U5000190499</u> 2		
This amendment is submitted to amend the following	g:	
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 "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office		ds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
_	, .	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, enter the title, name, and address of each person—being added or removed from our records:

or removed	irom our records.		
MGR = Ma AMBR = Au	anager uthorized Member		
Title	Name	<u>Address</u>	Type of Action
HILDR	Dillon Thomastage	45 walker Creek Dr	
•		Urawfordiule H 5232	Remove
			☐ Change
		- .	□ Add
			□ Remove
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Effective date, if other than the date of filing: Comparison		·
Effective date, if other than the date of filing: S	–	
Effective date, if other than the date of filing: B / J / 9 (optional)	_	
Effective date, if other than the date of filing: 8/4/19 (uptional) (tran effective date is islead, the date must be specific and cannot be prorto-date of filing or more than 90 days after filing.) Pursuant to 603.0207 (2) 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. The effective date on the Department of State's records. The 90th day after the record is filed. Dated Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member	_	
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Signature of a member or authorized representative of a member		
Kan G DIIN	Dated	8/6/19
Kan G DIIN		Signature of a member or authorized representative of a member
		Kai & DIIA

Page 3 of 3

Filing Fee: \$25.00