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COVER LETTER

	egistration Sec ivision of Corp	
SUBJECT		ER SPRINGS, LLC
Sobole	·	Name of Limited Liability Company
		Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following:
		Todd Rudnianyn
		Name of Person
		NSC Silver Springs, LLC
		Firm/Company
		2441 NE 3rd Street Suite 201
		Address
		Ocala, FL 34470
		City/State and Zip Code
		reception@IPSOcala.com E-mail address: (to be used for future annual report notification)
For further	information co	oncerning this matter, please call:
Todd Rudi	nianyn	352 239-1555 at ()
	Name of	
Enclosed is	s a check for th	ne following amount:
\$25.00	Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

NSC SILVER SPRINGS. LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our reco mited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con	npany were filed on 12/20/2016	and assigned
Florida document number L16000229740		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		-
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		n 195
B. If amending the registered agent and/or register		rds, enter the name of the r
registered agent and/or the new registered office addres	s nere:	= 2
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John S. Rudnianyn	2441 NE 3rd Street Suite 201	■ Add
		Ocala, FL 34470	□ Remove
			□ Change
			□ Add
			Remove
			□ Change
			□ Add
			Remove
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			□ Remove
			Change

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	<u> </u>		
		12.	
			
	12/20/2016		
fective date, if other than the dan in effective date is listed, the date must be	specific and cannot be prior to date of filing or more than 90 days af	fter filing.) Pursuant to 605.02	207
ote: If the date inserted in this block cument's effective date on the Depa	does not meet the applicable statutory filing requirements, trtment of State's records.	his date will not be listed	ast
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	ffective date, but not an effective time, at 12:01	l a.m. on the earlier	of
The 90th day after the record	l is filed.		
nted	2016		
// 4	·	15	
		DEC 27	- ;
Sig	nature of a member or authorized representative of a member	27	ر در در
Todd Rudnianyn		P	
	Typed or printed name of signee	<u>.</u>	

Page 3 of 3

Filing Fee: \$25.00