

L17000104044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

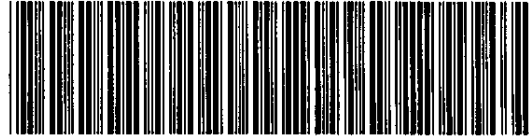
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000312547580

04/30/18--01024--007 **25.00

FILED
2018 APR 30 P 2:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

5/1/18 DS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPRINGSIDE PROPERTIES, 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:

HOLLY C. HANOVER

Name of Person

SPRINGSIDE PROPERTIES, LLC

Firm/Company

PO BOX 3176

Address

LAKE CITY, FL 32056

City/State and Zip Code

HOLLYHANOVER4@GMAIL.COM

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

FILED
2018 APR 30 P 2:37
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

HOLLY C. HANOVER

386 755-4050

at ()

Name of Person

Area Code

Daytime Telephone Number

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) |
|--|--|--|--|

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**

SPRINGSIDE PROPERTIES, 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 MAY 10, 2017 and assigned
Florida document number L17000104044.

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)

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:

HOLLY C. HANOVER

New Registered Office Address:

535 SW BRODERICK DRIVE

Enter Florida street address

LAKE CITY

City

Florida

32025

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>
MGR	AUDREY S. BULLARD	1826 SW SR 47	<input type="checkbox"/> Add
		LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HOLLY C. HANOVER	535 SW BRODERICK DRIVE	<input type="checkbox"/> Add
		LAKE CITY, FL 32025	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2018 APR 30 PM 2:30
 TALLAHASSEE, FLORIDA

2010 APR 30 P 2: 37
ANY OF IDA
THE LAHUSSE, FLORIDA

FILED
2010 APR 30 P 2:37
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

(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)

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 APRIL 27, 2018

Holly Chanover
Signature of a member or authorized representative of a member

HOLLY C. HANOVER

Typed or printed name of signee