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| Certified Copies | _ Certificates of | Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| FO: Registration Se Division of Cor | | | |
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| Springhetti | Custom Outdoor Living LLC | | |
| овјест | Name of Lim | ited Liability Company | |
| fhe enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Daniel Springhetti | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 975 W. American Drive | | |
| | Necnah, WI 54956 | Address | |
| | dan@springhettilandscaping | City/State and Zip Code g.com | |
| Constitute of the Constitute o | | to be used for future annual report notifi | cation) |
| -or turtner information c Daniel Springhetti | oncerning this matter, please c | 920 725-9155 | |
| Name o | f Person | at () Area Code Daytime | Telephone Number |
| inclosed is a check for the | ne following amount: | | |
| S25.00 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:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Springhetti Custom Outdoor Living LLG | C |
|--|---|
| (Name of the Limited L (A F | Jability Company as it now appears on our records.) Torida Limited Liability Company) |
| The Articles of Organization for this Limited Liabil Florida document number | |
| This amendment is submitted to amend the following | ng: |
| A. If amending name, <u>enter the new name of the</u> | e limited liability company here: |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "L.I.C" or the abbreviation "L.I.C." |
| Enter new principal offices address, if applicable | e: |
| (Principal office address MUST BE A STREET A | .DDRESS) |
| Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BO" | <u>X</u>) |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our records, enter the name of the near address here: |
| Name of New Registered Agent: | N 377 |
| New Registered Office Address: | ### ################################## |
| | Enter Florida street address Florida |
| - | City , F10F10a Zip Code Z |

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> | Type of Action |
|--------------|--------------------|-------------------------|----------------|
| AMBR | Rachel Springhetti | 975 West American Drive | |
| | | Neenah, WI 54956 | ■ Remove |
| | | | ☐ Change |
| AMBR | Daniel Springhetti | 12420 Summerport Lane | ■ AdJ |
| | | Windermere, FL 34786 | Remove |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
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| E. Effective | | 505 020 |
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| <u>Note:</u> If | e date, if other than the date of filing: (optional) live 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 6 | 505 020 isted a |
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