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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

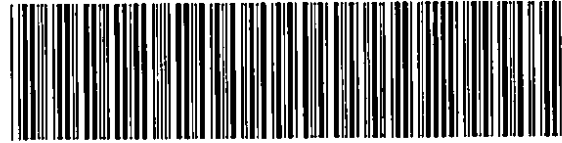
(Business Entity Name)

(Document Number)

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FEB 22 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

Springhetti Custom Outdoor Living LLC

SUBJECT: _____
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:

Daniel Springhetti

Name of Person

Firm/Company

975 W. American Drive

Address

Neeah, WI 54956

City/State and Zip Code

dan@springhettilandscaping.com

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

For further information concerning this matter, please call:

Daniel Springhetti

920 725-9155

at ()

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

Springhetti Custom Outdoor Living LLC

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Columbia, Mo.

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> |
|--------------|--------------------|-------------------------|--|
| AMBR | Rachel Springhetti | 975 West American Drive | <input type="checkbox"/> Add |
| | | Neenah, WI 54956 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Daniel Springhetti | 12420 Summerport Lane | <input checked="" type="checkbox"/> Add |
| | | Windermere, FL 34786 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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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

Dated 2.14, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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