

# L17000240515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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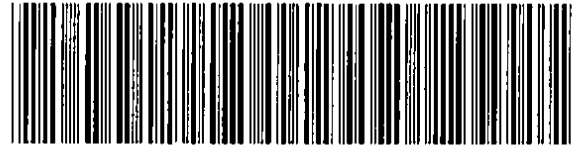
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Springs Fiduciary Services, 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:

Patricia Kappawf  
Name of Person

Springs Fiduciary Services, LLC  
Firm/Company

2500 Airport Road South, #207  
Address

Naples FL 34112  
City/State and Zip Code

tpk@springsassociates.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antoinette Bryant at (239) 285-6990  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**AMENDED ARTICLES OF ORGANIZATION**  
**OF**  
**SPRINGS FIDUCIARY SERVICES, LLC**

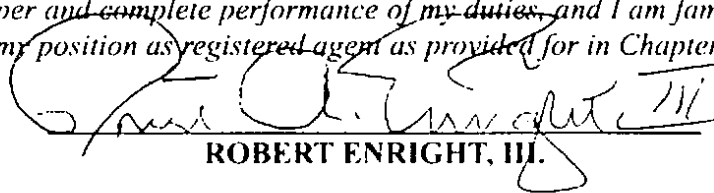
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2023 AUG 23 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FL.

**FIRST:** SPRINGS FIDUCIARY SERVICES, LLC has relocated to 2500 Airport Road South, Suite 207, Naples, Florida 34112

**SECOND:** SPRINGS FIDUCIARY SERVICES, LLC has retained a new Registered Agent as follows:

Robert Enright, III.  
Robert Enright, III, P.A.  
7181 College Parkway, Suite 34  
Fort Myers, Florida 33907

*Having been named as registered agent and to accept service of process for this Limited Liability Company at the place designated in this certificate, 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 relating 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.*

  
ROBERT ENRIGHT, III.

**THIRD:** The Limited Liability Company is to be managed by a Manager(s) and the name and address of the Managers are as follows:

Patricia P. Kappauf & Joan Antoinette Bryant  
c/o Springs Fiduciary Services, LLC  
2500 Airport Road South, Suite 207  
Naples, Florida 34112

*In accordance with §605.0203(1)(b), F.S., the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in §817.155, F.S.*

  
PATRICIA P. KAPPAUF, Manager

  
JOAN ANTOINETTE BRYANT

Date: May 8/21, 2023 PK  
8/21/2023

Date: May 8/23, 2023 JB  
8/21/2023

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>
Manager	Joan Antoinette Bryant	10381 Greeway Road	<input checked="" type="checkbox"/> Add
		Naples, FL 34114	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Patricia P. Kappauf	5650 Whitaker Road	<input checked="" type="checkbox"/> Add
		# 104	<input type="checkbox"/> Remove
		Naples, FL 34112	<input type="checkbox"/> Change
Manager	Clare H. Springs	60101 Pelican Bay Blvd	<input type="checkbox"/> Add
		# 1805	<input checked="" type="checkbox"/> Remove
		Naples, FL 34108	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

## NOTICE OF RESIGNATION

I, Clare Springs, hereby resign as Manager of SPRINGS FIDUCIARY SERVICES, LLC, and pursuant to the terms of the OPERATING AGREEMENT OF SPRINGS FIDUCIARY SERVICES, LLC, u/a/d November 20, 2017, effective immediately. I am doing so due to personal health issues that required my full time and attention.

Dated this 16<sup>th</sup> day of May, 2023.

Clare H. Springs  
CLARE SPRINGS

STATE OF FLORIDA     }  
Ss                         }  
COUNTY OF COLLIER   }

On this 16<sup>th</sup> day of May, in the year 2023, before me, the undersigned, personally appeared **CLARE H. SPRINGS**, personally known to me or proved to me on the basis of a driver's license or other satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged before me that she executed the same as her free act and deed in her capacity therein stated, that by her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument for the purposes therein contained, and that such individual made such appearance before the undersigned.

Affix Seal



JOAN A. BRYANT  
Notary Public  
State of Florida  
Comm# HH154077  
Expires 7/15/2025

Joan A. Bryant  
NOTARY PUBLIC

Joan A. Bryant  
Printed Name

# Florida Acknowledgment

STATE OF FLORIDA

COUNTY OF Collier

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 16 day of May, 2023  
(month) (year)

by Clare H. Springs (name of person acknowledging).

☒ Personally Known OR

☐ Produced Identification

Type of Identification Produced \_\_\_\_\_

Joan A. Bryant  
(Signature of Notary Public--State of Florida)

Joan A. Bryant  
(Print, Type, or Stamp Commissioned Name of Notary Public)



JOAN A. BRYANT  
Notary Public  
State of Florida  
Comm# HH154077  
Expires 7/15/2025

(SEAL)

## APPOINTMENT OF SUCCESSOR MANAGERS

I, **CLARE H. SPRINGS**, am the current Manager of Springs Fiduciary Services, LLC, established by CLARE H. SPRINGS, as Owner and Manager under the Springs Fiduciary LLC, filed with the State of Florida, on November 20, 2017. Pursuant to the provisions of the Operating Agreement, I have the responsibility to appoint a successor Manager(s) and I hereby appoint **PATRICIA P. KAPPAUF** and **JOAN ANTOINETTE BRYANT**, as my successors. They shall have all the duties and powers conferred upon the Manager of said Limited Liability Company.

Dated this 16<sup>th</sup> day of May, 2023.

CLARE H. SPRINGS  
CLARE H. SPRINGS

STATE OF FLORIDA  
COUNTY OF COLLIER

On 5/16, 2023, before me, JOAN A. Bryant, personally appeared CLARE H. SPRINGS, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Affix Seal



JOAN A. BRYANT  
Notary Public  
State of Florida  
Comm# HH154077  
Expires 7/15/2025

Joan A. Bryant  
Notary Public

# Florida Acknowledgment

STATE OF FLORIDA

COUNTY OF Collier

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 16 day of May, 2023.  
(month) (year)

by Clare H. Springs (name of person acknowledging).

☒ Personally Known OR

☐ Produced Identification

Type of Identification Produced \_\_\_\_\_

[Signature]  
(Signature of Notary Public--State of Florida)

Joan A. Bryant  
(Print, Type, or Stamp Commissioned Name of Notary Public)



JOAN A. BRYANT  
Notary Public  
State of Florida  
Comm# HH154077  
Expires 7/15/2025

(SEAL)



**ACCEPTANCE TO SERVE AS SUCCESSOR MANAGERS**

WE, **PATRICIA P. KAPPAUF** and **JOAN ANTOINETTE BRYANT**, accept our appointment as Co-Managers of SPRINGS FIDUCIARY SERVICES, LLC, and honor the provisions herein, created by CLARE H. SPRINGS, as Owner and Manager u/a/d November 20, 2017.

Dated this 16<sup>th</sup> day of May, 2023.

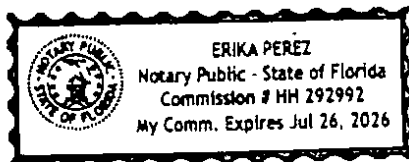
*Pat P. Kappauf*  
**PATRICIA P. KAPPAUF**

*Joan Antoinette Bryant*  
**JOAN ANTOINETTE BRYANT**

STATE OF FLORIDA  
COUNTY OF COLLIER

On May 16<sup>th</sup>, 2023, before me Erika Perez, personally appeared PATRICIA P. KAPPAUF and JOAN ANTOINETTE BRYANT, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose name are subscribed to the within instrument and acknowledged to me that they executed the same in their capacity, and that by their signature on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

Florida Driver License  
WITNESS my hand and official seal.



*Erika Perez*  
Notary Public