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

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| TO: Registration S Division of Co | | | |
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| | GROUP LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Steve S. Hwang | | |
| | | Name of Person | |
| | SPRING GROUP LLC | | |
| | | Firm/Company | |
| | 366 NW 114th Ave - Apt | 107 | Code Top-0823 Daytime Telephone Number |
| | | Address | |
| | Miami, FL 33172 | | |
| | | City/State and Zip Code | |
| | contact@holidaytree.com | | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information | concerning this matter, please c | all: | |
| Steve S. Hwang | | | |
| Name | of Person | Area Code Daytin | ne 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) | Certificate of Status & Certified Copy |
| Mailing Addre Registration | | Street Address: Registration Se | ection |
| | Corporations | | |
| P.O. Box 63 | 27 | The Centre of | Tallahassee |
| Tallahassee, | FL 32314 | 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SPRING GROUP LLC | | |
|--|--|--------------------------|
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | ny as it now appears on our records.) iability Company) | |
| the Articles of Organization for this Limited Liability Company | were filed on April 05 2018 | and assigned |
| lorida document number L18000086089 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liabi | lity company here: | |
| ne new name must be distinguishable and contain the words "Limited Liabili | ity Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | 020 |
| | | |
| | | 1 |
| nter new mailing address, if applicable: | | −o ; · |
| • • | | 112 |
| | | <u></u> |
| Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent: | ddress on our records, enter the | 12:41 |
| New Registered Office Address: | | |
| New Registered Office Address. | Enter Florida street address | |
| | , Florida | a |
| | 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> | Name | Address | Type of Action |
|--------------|----------|--|----------------|
| AMBR | YA CHELU | 366 NW 114th Ave - Apt 107 - Miami, FL 33142 | □Add |
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| ective date, if other than the date of filing: | N/A | | | | | _ |
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| STEVE S. HWANG | | - | | | | |
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Filing Fee: \$25.00