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COVER LETTER 🦂

SUBJECT: 5	BUX5 Win	TTER SPRINGS, Cited Liability Company	<u> </u>		
	Amendment and fee(s) are sub	·			
	JOSHUA HOR	ROCKS JOSEPH D), GERLANDO		
	JDBS WINTE	SPRINGS, LL Firm/Company			
		ALE MABRY HU			
	TAMPA, FL FLORIDA EQU	33618 City/State and Zip Code TTY CAPITAL E Ho to be used for future annual report notif	TMAIL. COM	÷	: [
For further information c	E-mail address: (soncerning this matter, please ea		lication)		
JOSHUA A	HORROCKS of Person	at (<u>813</u>) <u>961-</u> Area Code Daytime	8715 e Telephone Number	17 M 10: 00	
Enclosed is a check for the	he following amount:			<u>ි</u>	
\$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:

TO: Registration Section

Division of Corporations

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

_ SBUXS WI	NTER SPRINGS, LLC
(Name of the Limite)	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed on $\frac{6/22/18}{44}$ and assigned
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here: SPRINGS 434, LLC
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u></u>
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 adde or removed from our records:					
MGR = AMBR =	IGR = Manager MBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			Change		
			☐ Remove		
			Сhange		
			Add		
		-	□ Remove		
			Change		
			☐ Remove		
			Change		
			□ Remove		
			Change		
			Remove		

_□ Change

	
Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	AUGUST 14 2018.
	Som Andre
	Signature of a member or authorized representative of a member
	JOSHUA HORROCKS

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Filing Fee: \$25.00