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(F	Requestor's Name)	
(A	Address)	
(<i>j</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: SPRINKLE & C Name of Limited Liabilit	
The en	closed Articles of Amendment and fee(s) are submitted for	filing.
Please	return all correspondence concerning this matter to the follo	wing:
	STEVE	SPRINKLE to of Person
	Nam	e of Person
	SPRINK	E & COLE LLC
	Firm	VCompany
	143 ALTA	VISTA WAY
	/	ddress
	DANVILLE CA	. 94506
	Steve. Spr E-mail address: (to be used for	and Zip Code inkle e e igallo com r future annual report notification)
For fur	ther information concerning this matter, please call:	
	STEVE SPRINKLE at (S70 813 - 4438 Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:	
\$2.	Certificate of Status Cer	\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPRINKLE É COLE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con	mpany were filed on SEPTEMBER 24, 2018 and assigned
Florida document number <u>L18000 22537</u>	/
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	ed liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	· (CC)
Trincipal office university of the ASTREET ADDRES	50
	1
Enter new mailing address, if applicable:	——————————————————————————————————————
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, enter the name of the ness here:
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:
provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen	ad agree to act in this capacity. I further agree to comply with the appear of the performance of my duties, and I am familiar with and not as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
Ĩ	If Changing Registered Agent, Signature of New Registered Agent

If amendin	g Authorized Person(s) authorized to from our records:	manage, enter the title, name, an	d address of each person being added	
MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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			Change	
		-	□ Remove	
			□ Change	
			□ Add	
			☐ Remove	
			Change	
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			Remove	
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OPERATING	AGREEME	WT EXA	LIBIT	"A"
MEMBERI	OWNERSHIP	INTELE	CIS	
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rd specifies a delayed Oth day after the reco	3 . 2019 Signature of a member or author	•		
Oth day after the reco	3 . 2019 Signature of a member or author STEVEN	orized representative of a C. SP2//		

Page 3 of 3

Filing Fee: \$25.00

SPRINKLE & COLE, LLC OPERATING AGREEMENT

Exhibit "A"

Members/Ownership Interests

MEMBER NAME:	UNITS:	INITIAL CAPITAL CONTRIBUTION:
Entrust Group FBO Steve Sprinkle IRA # 7230008625	50	\$130,000
Entrust Group FBO Tim Cole IRA # 7230008734	50	\$130,000