4/5/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPRINGFIELD CROSSINGS, LLC

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Help

ARTICLES OF	FAMENDMENT	
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ARTICLES OF	ORGANIZATION ==	919
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Springfield Crossings, LLC	<u>ੁੰਦਾ</u> ਹ-	· un see
(Name of the Limited Liability Come (A Florida Limited	Pany Ht ft now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan		ico co
Florida document number L19000068438	, were mice on	and assigned
		(F) O.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	hilling account to	
g mand, these side he w mante of the induced his	minty company nere;	
The new pages must be distinguished and and all the		 :
The new name must be distinguishable and contain the words "Limited Liab	illity Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST RE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
AMALIAN CAUTES MAT BE A POST OFFICE BOX)		
B. If amending the registered upont and/or registered of		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, enter the n	ame of the new
	-3.	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
		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
MGR	SAVINO, CHRISTOPHER M	13252 LAKESHORE GROVE DR	
		WINTER GARDEN, FL 34787	
			■ Remove
			Change
MGR	Springfield Crossings Manager, LLC	13252 LAKESHORE GROVE DR	= Add
		WINTER GARDEN, FL 34787	A
			Remove
			Change
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(If an eff	ective date is listed.	r than the date of file the date must be specific and in this block does no	and cannot be prior to o	late of filing or more than	(optional) n 90 days after filing) (.) Pursuant t	o 605.026	07 (3)(5)
docum	ent's effective day	d in this block does no te on the Department o	f State's records.	e statutory filing requi	rements, this date	will not be	: listed s	is the
If the rec	and consider	o galacted officials						
(b) The	90th day afte	a delayed effective r the record is filed	d.	n errective time,	at 12:01 a.m.	on the e	arlier (of:
Dated	April 5th		2019					
t/aicu		77	1000					
		Signature of	s member or surbonze	> ed representative of a me			2019 APR	
	Duna Pullium		a member (n ad.10012)	o representative or a me	mber		APR	·77
		n, Attorney-In-Fact	Typed or printed na	ame of signee		<u> </u>	4	**************************************
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			Page 3	of 3		انا ^ت آبا ^ت	ထ္	
			Filing Fee:	\$25.00		- <u> </u>	<u>ვ</u>	