# 120000 245096

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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S. YOUNG

### **COVER LETTER**

O: Registration Se Division of Cor			
UBJECT:	pring Clean - Name of Li	FR, L.L.C.	
	Amendment and fee(s) are sundence concerning this matte		
	Fro	ANK REYMULO  Name of Person	
	7263	Firm/Company	
	Clermon	Majestic Eagle ( holdress  t, FL 34714	It Cle.
	_fra30nk@	City/State and Zip Code  Onot mail. com  to be used for future annual report noti	fication)
or further information cor	seerning this matter, please c	all:	
Frank Re	galado	$\underbrace{}_{at}(\underbrace{352}) \underbrace{}_{at}(\underbrace{})$	0449
		Area Code Daytim	e Telephone Number
nclosed is a check for the	following amount:		
Il \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$2.\$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spring (lean - FR) (Name of the Limited Liability Come (A Florida Limited	L.L.C.	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	nany as it now appears   Liability Company)	on our records.)
he Articles of Organization for this Limited Liability Companderida document number $\underline{L20000345096}$		8/12/2020 and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	oility company here	<u>e</u> :
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the desi	ignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
lailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office a	address on our reco	ords, enter the name of the new rouistor
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	City	, Florida
w Registered Agent's Signature, if changing Registered Agent:	Ciţv	Zip Code
ereby accept the appointment as registered agent and agre- ovisions of all statutes relative to the proper and complete	Derformance of mo	acity. I further agree to comply with the duties, and I am familiar with and pter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	Name	Address	Type of Action
1GR	Frank Regalade	2303 Majestic Eagle Circle Clermont, FC 34714	_ LYAdd
			□Remove
			Change
			□Add
			□Remove
			_ □Change
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	e date, if other than the date of filing:	nt to 605,0207 be listed as
		ay after the
ord spe filed.	specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of: (b) The $90$ th date.	
THETT.		
THETT.	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th delayed $\frac{9-22-2020}{6}$	
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