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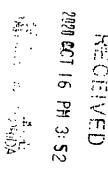
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FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

Business Name & Document Number, (if k	(OFFICE USE ONLY) nown):		
1. SPRINGTIME EQUITIES LLC	L20000296202		
Name	Document Number (if known)		
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X_ Certified Copy of:			
Certificate of Status			
NEW FILINGS	<u>AMENDMENTS</u>		
Profit Not for Profit X Limited Liability Domestication INC OTHER	Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Conversion  Merger		
OTHER FILINGS	REGISTRATION/OUALIFICATIONS		
Annual Report	Foreign		
Fictitious Name	Limited PartnershipReinstatement		
Statement of Authority			
APOSTIL COUNTRY	TrademarkOther		

EXAMINER'S INITIALS:\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

Business Name & Document Number, (if k	(OFFICE USE ONLY)
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OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign
Fictitious Name	Limited PartnershipReinstatement
Statement of Authority	
APOSTIL	Trademark Other
	Trademark Other

EXAMINER'S INITIALS:\_\_\_\_

## COVER LETTER

	SPRINGTI	ME EQUITIES LLC		
SUBJEC	Г:	Name of Limi	ted Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please reti	urn all correspo	ondence concerning this matter t	to the following:	
		AZUREDE ROSS		
	Name of Person  MERIDIAN PARTNERS LAW P.A.  Firm/Company  4923 W. CYPRESS STREET  Address  TAMPA, FL 33607  City/State and Zip Code  AZUREDE@MERIDIANPARTNERSLAW.COM  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  EDE ROSS  \$13  443-5260  Name of Person  Area Code  Daytime Telephone Number  S50.00 Filing Fee  Certificate of Status  Certificate Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations			
		MERIDIAN PARTNERS I	AW P.A.	
			Firm/Company	
		4923 W. CYPRESS STREI	ΞΤ	
			Address	<u></u>
		TAMPA, FL 33607		
		<del></del>	City/State and Zip Code	
				Cartina
rs				meanon)
For furthe	r information (	concerning this matter, please ca		
AZURED			813 443-5260 at ()	<u> </u>
	Name o	SPRINGTIME EQUITIES LLC  Name of Limited Liability Company  d Articles of Amendment and fee(s) are submitted for filing.  at all correspondence concerning this matter to the following:  AZUREDE ROSS  Name of Person  MERIDIAN PARTNERS LAW P.A.  Firm/Company  4923 W. CYPRESS STREET  Address  TAMPA, FL 33607  City/State and Zip Code  AZUREDE@MERIDIANPARTNERSLAW.COM  E-mail address: (to be used for future annual report notification)  Information concerning this matter, please call:  ROSS  Name of Person  a check for the following amount:  Filing Fee  Certificate of Status  Certificate Copy (additional copy is enclosed)  Street Address: Registration Section  Street Address: Registration Section		
Enclosed	is a check for t	the following amount:		
□ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ection
	-		-	
	P.O. Box 632	=	The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPRINGTIME EQUITIES LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our rec ed Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compa	nny were filed on 9/29/2020	and assigned
lorida document number L20000296202		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "l	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020 OC: T
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:	<del></del>	লুক্ত কর
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered offi- gent and/or the new registered office address here:	ce address on our records. en	ter the name of the new regis
gent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		FloridaZip Code

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

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>	<u>Name</u>	Address	Type of Action
MGR	RPG FAMILY LLC	2123 WILLIAMSBRIDGE ROAD	□Add
		BRONX, NY 10461	Remove
			Change
MGR	GUPTA, ANITA	2123 WILLIAMSBRIDGE ROAD	■Add
		BRONX, NY 10461	Remove
			[]Change
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ctive date, if other than the date of file effective date is listed, the date must be specific	and cannot be prior to date of	filing or more than 90 days at	fter filing.) Pursuant to 6	05.020
If the date inserted in this block does no iment's effective date on the Department of	of meet the applicable statu of State's records.	nory filing requirements, t	this date will not be ti	sted a
ord specifies a delayed effective date, but i	not an effective time, at 12	:01 a.m. on the earlier of:	(b) The 90th day af	ter the
filed.				
d OCTOBER 15	2020			
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	f a member or authorized repr	and the second s		

Filing Fee: \$25.00