

L21000 405822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

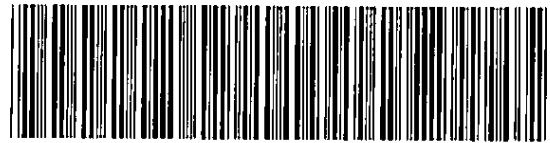
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000434166190

08/14/24--01027--002 **25.00

08/14/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPRINGTREE FINANCIAL GROUP

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

L.L. BOWENS

Name of Person

SPRINGTREE INSURANCE & FINANCIAL SERVICES

Firm/Company

3794 EVAN SAMUEL DRIVE

Address

JACKSONVILLE, FL 32210

City/State and Zip Code

springtreeinsurance@gmail.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

L. L. Bowens

904 300-7486
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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:

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**

Springtree Financial Group

(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 Company were filed on 09/13/2021 and assigned
Florida document number L21000405822.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Springtree Insurance & Financial Services, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6625 ARGYLE FOREST BLVD

SUITE 4-1119

JACKSONVILLE, FL 32244

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6625 ARGYLE FOREST BLVD

SUITE 4-1119

JACKSONVILLE, FL 32244

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: L.B. FOSTER

New Registered Office Address: 6625 ARGYLE FOREST BLVD, SUITE 4-1119

Enter Florida street address

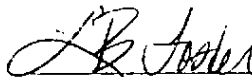
JACKSONVILLE, Florida 32244

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THE TAX ID NUMBER HAS EXPIRED DUE TO NOT USING IT FOR THREE CONSECUTIVE YEARS.

IT WILL NOT BE RENEWED AT THIS TIME.

DEPARTMENT OF INSURANCE IS REQUIRING THE NAME CHANGE.

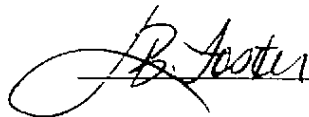
E. Effective date, if other than the date of filing: 08/01/2024 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 07/31/2024



Signature of a member or authorized representative of a member

L.B. FOSTER

Typed or printed name of signer

Filing Fee: \$25.00