## 422000256711

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TALLAHASSEE, FL

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: SPYM(	CE H UP HON Name of Limi	ME IMPROVEMENT ited Liability Company	t, UC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Jeff Spr	Name of Person	<del></del>
	Spruce It	Up tome Im	provement, LLC
	6690	NW 30th St	
	Sunrise	FL 333  City/State and Zip Code	13.
	Spruce it up l	nowle e and it report noti	
For further information co	ncerning this matter, please ca	all:	
Jeff Soru	(L	<u> </u>	4197
Name of	Person	Area Code Daytin:	ne 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 Se Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Se Division of Co The Centre of T	rporations
Tallahassee, F		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303



September 28, 2022

SUSAN SPRUCE 9135 GETTYSBURG ROAD BOCA RATON, FL 33434

SUBJECT: SPRUCE IT UP HOME IMPROVEMENT, LLC

Ref. Number: L22000256711

We have received your document for SPRUCE IT UP HOME IMPROVEMENT, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

You can list only one (1) registered agent, you may add multiple authorized persons.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 322A00021659

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ARTICLE	ES OF ORGANIZATION
	$OF \qquad \qquad \bigcirc \mathcal{N}_{N}_{\mathcal{N}}}}}}}}}}$
	ES OF ORGANIZATION OF  NOV  SECULATION  Company as It how appears on our records.
The Articles of Organization for this Limited Liability	Company were filed on JUNE 4, 2012 and assigned
Florida document number L22002567	11
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>0090 NW 30th St</u>
(Principal office address MUST BE A STREET AD)	DRESS) SUNVISC IFC 35313
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same as principal
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registered</u> <u>e</u> :
Name of New Registered Agent:  New Registered Office Address:	PFRY R. SOUCE  690 NW 30th St  Enter Florida street address
	UNVILL , Florida 33313 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 Type of Action Name Address Title Swan Spruce 6690 NW 30th 87. XADD AMBR Sunnic, FL 33313 □ Change 550 Stafford Pun Rat 7/10/2010 AMBR Margle Persch Statora TX 77477 \_\_ Remove \_\_\_\_\_ Change

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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
the recordis fi	rd 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 led.
Dated	11/14/22
	Signature of a number of atthorized representative of a member
	•