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H230003139303ABCY

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TIER ONE LICENSES LLC

Account Number : I20230000120 Phone : (321)989-7356 Fax Number : (321)341-8522

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

Email Address: __dan@springhettigroup.com

-LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION SPRINGHETTI POOLS LLC

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COVER LETTER

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	tration Section of Corp			•
SUBJECTE	PRINGHE	TTI POOLS LLC		
SUBJECT:	77	Name of Lim	ited Liability Company	
The enclosed A	Articles of a	Amendment and fec(s) are sub	mitted for tiling	
		ndence concerning this matter	-	
		Daniel Springhetti		
			Name of Person	
		SPRINGHETTI POOLS L	LC	
		Firm Company		
		4565 POST OAK LN		
		Address		
		OXFORD, FL 34484 UN		
		City/State and Zip Code		<u> </u>
		dan@springhenigroup.com		
		E-mail address: (to be used for future annual report notific	ation)
For further infe	ormation co	oncerning this matter, please co	ıll:	
Lisa Adams			321 989-7356 at ()	
	Name of	Person	Area Code Daytime T	Felephone Number
Enclosed is a cl	heck for the	e following amount:		
≣ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	S\$5,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address stration S		<u>Street Address:</u> Registration Secti	ion
-		orporations	Division of Corpo	
P.O.	Box 6327	7	The Centre of Tal	Hahassee
Talla	hassee, F	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

:3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

From: +13213418522 (Lisa Adams)

(((H23000313930 3)))

第501/

SPRINGHETTI POOLS LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 03/29/2023	and assigned
Florida document number £23000157134		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "ELC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
	<u> </u>	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BON)		<u></u>
 If amending the registered agent and/or registered of 	fice address on our records, enter the n	ame of the new regis
	fice address on our records, enter the n	ame of the new regis
	fice address on our records, <u>enter the r</u>	ame of the new regis
gent and/or the new registered office address here:	fice address on our records, enter the n	2857
Name of New Registered Agent:		2827
gent and/or the new registered office address here:		2827
		2867 8 1-1 7 1.8

Thereby 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

To: <18506176383

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

(((H23000313930 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DANIEL SPRINGHETTI	975 W. AMERICAN DR.	□Add
		NEENAH, WI 54956 UN	
			\(\exists \) Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
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			□Remove
			□ Change

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	and N
	one N.
	Please also include the EIN of 92-3186734
	Thank you.
•	
	ive date, if other than the date of filing: (optional)
ite:	fective date is listed, the date most be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
ecoi is fi	d 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.
0	Dated September 7th 2023

Typed or printed name of signee