## L23000157134

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24 APR 18 PM 3= 02

34 APR 18 PM 3= 02

34 APR 18 PM 3F 0P STATE

34 APR 18 PM 3F FI 0PDA

## COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Springhetti Pools LLC 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:
Anthony Hauser Name of Person
Spring hetti Posts LLC Firm/Company
4565 Post Dak Ln Address
Oxford FL 34484  City/State and Zip Code
City/State and Zip Code  Qihauser Ta 9 mail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony Hauser 11,407, 394-4798
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spring head to Room Spring 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 3-28-23 and assigned
Florida document number 13006157134
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:
New Registered Office Address:  Enter Florida street address
, Florida
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>	Address	Type of Action
MBR	Rachel Hoss	213 Etten Ct.	<b>X</b> Add
		Neenah WI 54956	
			□Change
tmb R	Matthew Hoss	213 Ettan Ct.	<b>5</b> Add
		Neenah WI SH951	Remove
			□Change
			Remove
			□Change
<del></del>			□Adđ
			□Remove
			Change
			□Add
			□Remove
			Change
<del></del>			□Add
			□Remove
			□Change

		mation, enter change(s) here: (Atto	ach additional sheets, if necessary.)
	Daniel Shellay Rachel Matthew	Springhetti Springhetti Hoss Hoss	50% 30% 10%
(If an cl Note:	If the date inserted in this	must be specific and cannot be prior to date of	of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) tutory filing requirements, this date will not be listed as the
If the reco record is f		ctive date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 90th day after the
Dated	April Dr	Signature of a member of authorize re-	presentative of a member
	Daniel	Springhe ++	of signee

Filing Fee: \$25.00