

L23600533748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

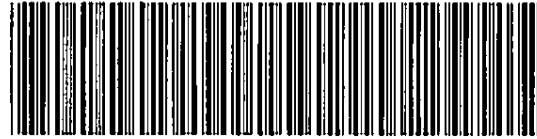
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2023 DEC 11 PM 4:51

RECEIVED

R. HUNT  
12/11/23

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$30.00

AUTHORIZATION SIGNATURE: \_\_\_\_\_

SPRING N 2 ACTION, LLC  
BUSINESS

L23000533748  
Document #

\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_

\_\_\_ Mail out

\_\_\_ Will wait

\_\_\_ Photocopy

\_\_\_ Certified Copy

☒ Certificate of Status

**NEW FILINGS**

\_\_\_ Profit  
\_\_\_ Not for Profit  
\_\_\_ Limited Liability  
\_\_\_ Domestication  
\_\_\_ Other  
\_\_\_ **CORP**

**OTHER FILINGS**

\_\_\_ Annual Report  
\_\_\_ Fictitious Name

\_\_\_ APOSTIL ( ) \_\_\_\_\_  
Country

**AMMENDMENTS**

☒ Amendment  
\_\_\_ Resignation of R.A. Officer/Director  
\_\_\_ Change of Registered Agent  
\_\_\_ Dissolution/Withdrawal  
\_\_\_ Merger  
\_\_\_ **Conversion**

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing  
\_\_\_ Limited Partnership  
\_\_\_ Reinstatement

\_\_\_ Other

2023 DEC 11 PM 12:40  
DIVISION OF CORPORATIONS

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

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPRING N 2 ACTION, 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:

MICHAEL D. GRINDLE

Name of Person

SPRING N 2 ACTION, LLC.

Firm/Company

2443 POLK ST SIDE APT

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

DOUGITOS INC @ GMAIL.COM

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

For further information concerning this matter, please call:

DOUGITO GRINDLE

Name of Person

at ( 352 )

Area Code

817-8918

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

2023 DEC 11 PM 12:40

OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
OF FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SPRING N 2 ACTION, LLC

(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 11/27/2023 and assigned  
Florida document number L23000533748

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 "L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

2443 POLK ST SIDE APT  
HOLLYWOOD, FL 33020

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2443 POLK ST SIDE APT  
HOLLYWOOD, FL 33020

**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:

MICHAEL D GRINDLE

New Registered Office Address:

2443 POLK ST SIDE APT

Enter Florida street address

HOLLYWOOD

City

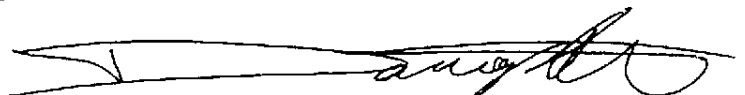
Florida

33020

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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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

INCLUDE EINo 93-4720319

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

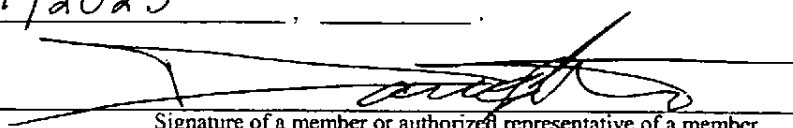
E. Effective date, if other than the date of filing: 12/11/2023 (optional)

(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 12/11/2023, \_\_\_\_\_.

  
Signature of a member or authorized representative of a member

MICHAEL D. GRINDLE

Typed or printed name of signee