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DATE:

10/21/2024

NAME: CLEARPSRING CONSULTING GROUP LLC

TYPE OF FILING: AMENDMENT

25.00

COST:

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clearspring Consulting Group LLC				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000430783</u> .	and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."		
Enter new principal offices address, if applicable:	201 E. Las Olas Blvd			
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33301			
Enter new mailing address, if applicable:	3029 N. County Road 1100 West	- }		
(Mailing address MAY BE A POST OFFICE BOX)	Norman, IN 47264	- 1		
		· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nan</u>	ne of the new regist		
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.

Docusion Envelope.ID: FD0C9BF1-D0BE-4787-82E2-8654A712E35D manage, amount amending Authorized rerson(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
MGR	Daniel Towriss	201 E. Las Olas Blvd	□Add
		Fort Lauderdale, FL 33301	□Remove
			≘ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior k does not meet the applica	to date of filing or more th able statutory filing req	(optional) an 90 days after filing.) Pu uirements, this date wil	arsuant to 605.0207 il not be listed as
record specifies a delayed effective d	late, but not an effective til	ne, at 12:01 a.m. on th	e earlier of: (b) The 9	0th day after the
rd is filed.	2024			
rd is filed.	. 2024	_ · OocuSigned b	v: rnish	
rd is filed. Dated October 18	2024	John Fa	ov: rrish 8406. member	

Filing Fee: \$25.00