

M210000014395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

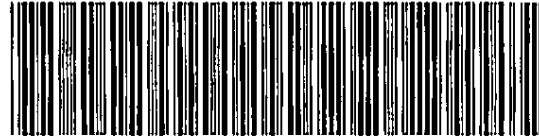
Special Instructions to Filing Officer:

Q. SILAS

JUL 21 2022

7/15/22

Office Use Only



300385220713

04/11/22--01056--004 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

JUL 15 PM 3:00

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JUL 15 AM 7:58

June 13, 2022

DONALD SCOTT SPRINGER
171 BAYBERRY LANE
WESTPORT, CT 06880

SUBJECT: SCOTT SPRINGER ARCHITECT, LLC
Ref. Number: M21000014395

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Querida R Silas
Regulatory Specialist II

Letter Number: 422A00013176

PLEASE SEE
ENCLOSED
CERTIFICATE
DATED
JUL 8, 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scott Springer Architect PLLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donald Scott Springer

Name of Person

Scott Springer Architect PLLC

Firm/Company

171 Bayberry Lane

Address

Westport, CT 06880

City/State and Zip Code

springer@scottspringer.net

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

For further information concerning this matter, please call:

Donald Scott Springer

at (917) 442-1146

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

FILED

JUL 15 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FL

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Scott Springer Architect LLC

Enter new principal office 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

2. The Florida document number of this limited liability company is: M21000014395

3. Jurisdiction of its organization: Connecticut

4. Date authorized to do business in Florida: 10/29/21

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Scott Springer Architect PLLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

DONALD SCOTT SPRINGER

Typed or printed name of signee

Filing Fee: \$25.00

Secretary of the State of Connecticut

Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: July 08, 2022

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

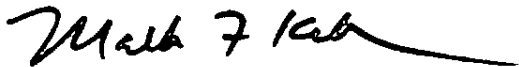
A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name	SCOTT SPRINGER ARCHITECT, PLLC
Business ALEI	US-CT.BER:1150276
Formation Date	07/28/2014

Name Change History

<i>Filing Type</i>	<i>Filing Date</i>	<i>Previous Name</i>	<i>Updated Name</i>
Certificate of Amendment	03/08/2022	SCOTT SPRINGER ARCHITECT, LLC	SCOTT SPRINGER ARCHITECT, PLLC



Secretary of the State



Secretary of the State of Connecticut

PHONE: 860-509-6003 - EMAIL: crd@ct.gov - WEB: www.concord-sols.ct.gov

OFFICE USE ONLY

CERTIFICATE OF AMENDMENT Limited Liability Company-DOMESTIC

- Use ink. • Print or type.
- Attach additional 8 1/2 x 11 sheets if necessary

FILING PARTY (confirmation will be sent to this address):

NAME: Ximena Ospina/ Licensure LLC
MAILING ADDRESS: 301 2nd Ave.
15th Floor
CITY: New York
STATE: NY ZIP: 10017

FILING FEE: \$120.00

Make checks payable to
"Secretary of the State"

1. NAME OF LIMITED LIABILITY COMPANY (required) (must exactly match the name on record with the Secretary of the State, including the business designation (e.g., LLC, L.L.C., etc.))

Scott Springer Architect, LLC

2. STATEMENT OF AMENDMENT (required) (check only one of the following statements, 2A, 2B, 2C or 2D)

THE LIMITED LIABILITY COMPANY'S CERTIFICATE OF ORGANIZATION IS:

Scott Springer Architect, PLLC

- ☒ **2A. AMENDED, NAME ONLY:** _____
(Provide new name, including the business designation, (e.g., L.L.C., LLC, etc.))
- ☐ **2B. AMENDED ONLY.** In section 3 below, provide the full text of any amendments to the certificate of organization.
- ☐ **2C. AMENDED AND RESTATED.** In section 3 below, provide the full text of each amendment and attach a complete restatement of the limited liability company's certificate of organization incorporating the amendments.
- ☐ **2D. RESTATED.** Attach one document integrating all previous amendments into the limited liability company's certificate of organization.

3. FULL TEXT OF EACH AMENDMENT (required if 2B or 2C above is checked): check box if additional pages attached

☐

4. EXECUTION / SIGNATURE (required) (subject to penalty of false statement)

DATE (mm/dd/yyyy): 03 / 03 / 2022

NAME OF SIGNATORY (print or type)	CAPACITY/TITLE OF SIGNATORY (print or type)	SIGNATURE
Scott Springer	President, Sole Owner	