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	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: Spartan E	intertainment Media, LLC flimited Liability Company
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.
Please return all correspondence concerning this m	atter to the following
	el H Traugott Name of Person
<u>Sparta</u>	n Entertainment Media LLC
PO-	BOX 3/43
	City/State and Zip Code  Repetrope.Com  ess: (to be used for future annual report notification)
r:-mail addr For further information concerning this matter, plea	
Dan Traugott Name of Person	at (813) 335-1927  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee & S30.00 Filing Fee & Certificate of State	Is Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32304

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Spartan Entertainment Media, LLC

(Name of the Limited Liability Compan (A Florida Limited Li	vas it now appears on our records.)
The Articles of Organization for this Limited Liability Company v	ere filed on $\frac{6/i3/2008}{}$ and assigned
Florida document number <u>L 0800005784</u> 85	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ty company here:
The new name must be distinguishable and contain the words "Limited Liabilit	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3,0
(Principal office address MUST BE A STREET ADDRESS)	18 150
	JA ARE
	SSS SS
Enter new mailing address, if applicable:	79 E C C C C C C C C C C C C C C C C C C
(Mailing address MAY BE A POST OFFICE BOX)	
	DRIE SAIL
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:  Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and oxided for in Chapter 605, F.S. Or, if this document is
If Chang	ing 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> Name Address Type of Action MGRM Robert L. Meyer \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

D. If amending any other information, enter change(s) here	: (Attach additional sheets, if necessary.)
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	JAN 11
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	<b>9</b> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to Note:  If the date inserted in this block does not meet the applicate document's effective date on the Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) tale statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not (b) The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of:
Dated January 8 201	8
	Fixed representative of a member
Daniel Hall Tre	augott d name of signee
Al contribution	
n .	262

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Filing Fee: \$25.00