

L08000067174

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H160002153773)))



H160002153773ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LICENSES ETC INC
Account Number : I20070000159
Phone : (239) 777-1028
Fax Number : (877) 275-3593

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ETC@LICENSESETC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NORTHERN ETHICS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

2016 AUG 30 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG 30 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
EXAMINER

AUG 31

((H16000215377 3)))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NORTHERN ETHICS, 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:

Lisa Adams

Name of Person

Licenses, Etc.

Firm/Company

886 110th Ave. N., Suite #6

Address

Naples, FL 34108

City/State and Zip Code

etc@licensesetc.com

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

For further information concerning this matter, please call:

Lisa Adams

Name of Person

at (**239**)

Area Code

777-8321

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

((H16000215377 3)))

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

(((H16000215377 3)))

NORTHERN ETHICS, 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 07/11/2008 and assigned
Florida document number L08000067174.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Spartan Residential Building Contractor, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

(((H16000215377 3)))

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

2016 AUG 30 AM 9:32
 SECRETARY OF STATE
 CALIFORNIA
 FILED

((H16000215377 3)))

2016 AUG 30 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

77
1000 - 1000
1000 - 1000
1000 - 1000
1000 - 1000

E. Effective date, if other than the date of filing: _____ (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 August 22nd, 2016

Andrea Pacione
Signature of a member or authorized representative of a member.

Andrew Paccione

Typed or printed name of signee

((H16000215377 3)))