L10000009915

(Re	equestor's Name)	
(Ad	dress)	· .
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
	WAIT	MAIL
(Bı	isiness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100241220371

10/31/12--01022--003 **25.00

PILED

12 OCT 31 PH I2: 35

SELVAD ANY OF STATE
AND ANY OF STATE

COVER LETTER

TO:	Registration Sect Division of Corpo		•	ž
SUBJE	ECT:	Knight	Spartan LLC	
			ed Liability Company	
The en	closed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
			Michael W Corddry	
			Name of Person	
		T	riple C Holdings, Inc	
			Firm/Company	
		2	30 S New York Ave	
			Address	
		w	inter Park, FL 32789	
City/State and Zip Code				
		mike	e@triplecholdings.com	
		•	o be used for future annual report no	otification)
For fur	ther information con	cerning this matter, please ca	ali:	
		el W. Corddry	at (_407_)	622-8085
	Name of F	Person	Area Code & Day	ime Telephone Number
Enclos	ed is a check for the	following amount:		
▼ \$25	6.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Sed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

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

FILED

		12 UCT 31	PA 12: 35	
	Knight Spartan LLC	SEUNETANY	OF STATE	
(Name of the Limited	Liability Company as it now appears Florida Limited Liability Company)	s on our/recards/SSF	E, FLORIDA	
		0.4.107.100.4.0		
The Articles of Organization for this Limited L		01/27/2010	and assigned	
Florida document numberL1000009	9915 .			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability company here	<u>₹</u> :		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Compar	ny," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applic	eable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/		ur records, <u>enter t</u>	he name of the new	
registered agent and/or the new registered o	<u>ffice address here</u> :			
Name of New Registered Agent:	Michael W Corddry			
New Registered Office Address:	230 S New York Ave, Ste 200			
New Registered Office Address.	Enter Florida street address			
	Winter Park	, Florida	32789	
	City	, i loi lua	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 \$08, F.S. Or, if this document is being filed to merely reflect a change in the registered office address I herely 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma $MGRM = N$	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Michael Corddry	230 S New York Ave, Ste 200 Winter Park, FL 32789	Add ✓ Remove
MGRM	Triple C Holdings, Inc	230 S New York Ave, Ste 200 Winter Park, FL 32789	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amen	ding any other information, ento	er change(s) here: (Attach additional sheets, if necessar	ry.)
		•	FILED 12 OCT 31 PH I2: 35 SECHESAFI OF STATE AHASSEE, FLORID.
Dated	October 25	$\frac{2012}{\sqrt{2}}$	OA A
	Signature of	a member or authorized representative of a member	
		Michael W. Corddry Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00