

## 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.

(((H12000150032 3)))



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 : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-8600

Fax Number

: (323) 962-3889

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SPARTON LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

2012

## **COVER LETTER**

TO: Registration S Division of Co		
SUBJECT: SPARTO	ON LLC	
<u> </u>	(Name of Limited Liability Company)	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	·
Please return all correspondent	pondence concerning this matter to the following:	
	Barbara Dang	· 
	(Name of Person)	
	Legalzoom.com, Inc.	
	(Firm/Company)	
	100 W. Broadway Suite 100	•
	(Address)	and the second s
· ·	Glendale, CA 91210 (City/State and Zip Code)	
	(Only/State and Asp Code)	
For further information of	concerning this matter, please call:	
Barbara Dang	at (323 ) 962-8600	
	ie of Person) (Area Code & Daytime Telephone	Number)
Enclosed is a check for t	the following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Conditional copy is enclosed)	entificate of Status & entificate of Status & ertified Copy dditional 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

<del>-FILE</del>D'

12 JUN -6 AM 8: 40

SEGRELARY OF STATE TALLAHASSEE, PLORIDA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPARTON 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 05/07/2012 and assigned				
Florida document number <u>L12000061255</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
Grime Kings Hard Surface Restoration LLC	_			
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviat "L.L.C."	ion			
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered office address here</u> :	<u>ew</u>			
Name of New Registered Agent:	_			
New Registered Office Address:	_			
(Enter Florida street 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 a				
the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 608, 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)				

MGR = Ma MGRM = 1	anager Managing Member		
<u> </u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
<del></del>			Add Remove
		***************************************	—————————————————————————————————————
<del></del>			Remove
<del>1</del>			Add Remove
			AddRemove
<del></del>			Add
). If amer	nding any other information, enter c	hange(s) here: (Attach additional sheets, if necess	
_			
_	6/6/12	· · · · · · · · · · · · · · · · · · ·	
Dated	1 /2 D		
		ember or authorized representative of a member	

Filing Fee: \$25.00