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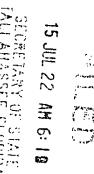
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
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## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: SS SPARTAN NOLE 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:						
STEPHEN A RACOT						
STEPHEN A BACOT  Name of Person						
SS SPARTAN NOLE LLC						
SS SPARTAN NOLE LLC Firm/Company						
5156 KEENELAND CIR Address						
Address						
ORLANDO FL. 32819  City/State and Zip Code						
City/State and Zip Code						
SABAC OTE GMAIL, COM  E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
STEPHEN A. BACOT at (321) 436 - 2856  Name of Person Area Code Daytime Telephone Number						
Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, 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 32301

## TO ARTICLES OF ORGANIZATION **OF**

SS SPARTAN NOLE 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 10-16-12 and assigned Florida document number 12000131353.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
he 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)				
3. 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  Enter Florida street address				
City Florida O O Factor Code of Sin Code of Co				
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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SFAN STRICKLER	S144 KEENELAND CIR ORLANDO, FC. 38819	Add
			Remove
			Change
MARM	MICHELE STRICKLER	5144 KEENELAND CIR	
		ORLANDO, FL. 32819	Remove
			Change
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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 Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	ling or more than 90 days after filing.) Pursuant to 605.0207
he record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier $\sigma$
Dated 7-18-15	
Signature of a member or authorized repres	sentative of a member
STEPHEN A. BACOT Typed or printed name of si	

Page 3 of 3

Filing Fee: \$25.00