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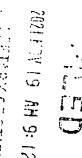
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## **COVER LETTER**

FO: Registration Section : Division of Corporations
SUBJECT: Spartan Externors 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:
Joseph Webster Name of Person
Spartan Exteriors LLC
1060 Hassell Rd
Tallahassee FL 32305  City/State and Zip Code  1050 h webster 1 comain com  E-mail address: (tube used for future annual report notification)
For further information concerning this matter, please call:
Joseph Webster at (850) 510 0965  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

## Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records ed Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Compa Florida document number <u>L13000</u> 1386	any were filed on 10/02/2	013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited L.	iability 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	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2,37.)
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter	<b>七</b> 本 [1]
Name of New Registered Agent:		77 72
New Registered Office Address:	Enter Florida street addres	18
		orida
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Michael Turner	801 Starnes	□Ađd
		Tallahassee FL 32305	<b>X</b> Remove
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ated	November 19. 2021.	
_	Signifure of a member or authorized representative of a member	
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Filing Fee: \$25.00