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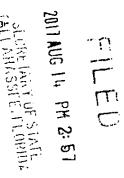
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## **COVER LETTER**

		COVER LETTER	
TO: Registration Sec Division of Corp			
SUBJECT:	SPAMAN	DESIGN Group,	LLC.
SOMBLET:			
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	DlE	GO BALLINA	
		Name of Person	
	SPAM	ran DESIGN GI	OVP, LLC.  89  UM tification)
	SPAMAN DESIGN Group, LLC.  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  DIEGO BALLINA  Name of Person  SPAMAN DESIGN Group, LLC.  Firm/Company  9230 Sw 208 ferr  Address  Cufler BAM, FL. 33189  Chy/State and Zip Code  SPANTAN Cluim Eyahoo. (UM  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  DIEGO BALLINA  Name of Person  at (305) 917-5676  Area Code Daytime Telephone Number  check for the following amount:  ling Fee  \$30.00 Filing Fee \$\Bigsim \$30.00 Filing		
	9:	230 Sw 208 tere	(
	(0	itler BAM, FL. 3312	89
	SPANTU	City/State and Zip Code  1 Cluse Rughoo (U)	м
		•	
For further information co	oncerning this matter, please ca	all:	
D1860	BALLINA	at 305 917-5	676
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	_	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
7	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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OF ZUITAUG II
SPARTAN DESIGN Group JLLC ALLARY AND STATE ADDRESS)  (Name of the Limited Liability Company as it now appears on our records.)  (Name of the Limited Liability Company as it now appears on our records.)  (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  es of Organization for this Limited Liability Company were filed on
any as it now appears on our records.) Liability Company)
bility company here:
MIAMI, FI - 331 86
9230 SW 208 terr.
Cutil1 BAY, FL -331 F9
PARTANCIAIM Consultants, Inc
13400 SW 128 S+
Enter Florida street address  MIO MI , Florida 33186  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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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effective t <u>e:</u> If the	ate, if other date is listed, date inserte	the date mu d in this b	ist be specifi lock does	ic and can not meet	not be prior the applic	r to date cable st	of filing o	or more th	an 90 day	( <b>option</b> ys after fil ts, this d	ing.) Pursi	uant to 605. not be liste
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Filing Fee: \$25.00