

L150 00045399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

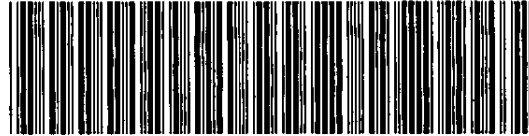
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 19 2016

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPARTAN CAPITAL 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:

MAXIMO RIVERA

Name of Person

SPARTAN CAPITAL LLC

Firm/Company

8035 CITRON CT

Address

ORLANDO FL 32819

City/State and Zip Code

maximo600@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAXIMO RIVERA

787 298-0591
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DR. ALEJANDRO A. RIVERA	8035 CITRON CT ORLANDO FL. 32819	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
PALM BEACH, FLORIDA
16 APR 18 PM 2:04

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

16 APR 18 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
INTELLIGENCE DIVISION
16 APR 8 PM 2:04
INTELLIGENCE DIVISION
INTELLIGENCE DIVISION

E. 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 or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated APRIL, 4 2016

Franklin Rivera
Signature of a member or authorized

Signature of a member or authorized representative of a member

Franklin Rivera

Typed or printed name of signee