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## **COVER LETTER**

SUBJECT: SPARTAN GLOBAL ONE 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:	
FRANK PARKER  Name of Person  SPARTAN GLUBAL UNE LLC  Firm/Company	_
Name of Person	
SPARTAN Global DNE LLC	
Firm/Company	-
7304 Lighthouse CovE	
Address	
Teguesta, FL. 33469  City/State and Zip Code	
City/State and Zip Code	"细言丑
Frank & Goar tanglobalone, com E-mail address: (to be used for future annual report notification)	福谷后
	世紀 建 日
For further information concerning this matter, please call:	بن الله
FRANK PARKER at 914, 523-4433  Name of Person Area Code Daytime Telephone Number	<b>三</b>
Name of Person Area Code Daytime Telephone Number	r
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ite of Status &

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

TO:

**Registration Section Division of Corporations** 

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPARTAIN global one	e LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number 1500055(74.	were filed on 3 27 15	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
		·
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or	the abbreviation "LLC."
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)  B. If amending the registered agent and/or registered off	ice address on our records, e	nter the name of the new
registered agent and/or the new registered office address here	•	3: 28
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	,
	, Florid	
	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		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Roger Bloat	598 Peppengrass Run	Add
	· ·	Wellington, FL. 33411	Remove
			Change
MGR	Frank Parker	7304 Lighthouse Cova Tequesta, FL. 33469	Add
		Tequesta, FL. 33469	□ Remove
			Change
AMBR	Amber Alstott	23808 Caton Farm Ro	Add
		Plainfield, IL. 60586	Remove
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tive d	late, if other than (	the date of filing:		(optional)
ffective	e date is listed, the date	must be specific and cannot be pr	ior to date of filing or more than 90 da licable statutory filing requiremen	ays after filing.) Pursuant to 605
ment's	seffective date on the	e Department of State's recon	ds.	nis, ans date will not be usu
ecord	specifies a delay	ved effective date, but :	not an effective time, at 12	2:01-a.m. on the earlie
	h day after the r			- 140 di
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e 90t	8/24	, <u>2013</u>	<u> </u>	W T
	8/24	, <u>2017</u>	ROL	·
	8/24		thorized representative of a member	28

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Filing Fee: \$25.00