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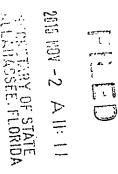
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Division of Co	rporations	•	
SUBJECT: 5	PARTAN GLOU	BAL'ONEL U	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FRANK,	PARKER Name of Person	
	5000-11	Name of reison	110
	OPARTAN	Firm/Company	LLC
	11.70- 14	Charl Cur	- 728
	1465 U.	GLOBAL ONE Firm/Company SHWY 1, SUIT Address	E C30_
		FACH, FL, 35	
		City/State and Zip Code	
	E-mail address: (1	to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	-
FRANK PARK	ACC Person	at (<u>914</u>) <u>52</u> Area Code Daytim	34433 c Telephone Number
. value c		Table Gode Daysins	e receptione realities
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPARTAN GL	BAL ONE 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 of Florida document number <u>L</u> 1500055174	
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 Liabili	
Enter new principal offices address, if applicable:	14255 US HWY 1
(Principal office address MUST BE A STREET ADDRESS)	JUNO BEACH, FL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 748 PALM CITY FL, 34991
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u>
Name of New Registered rigori.	NK PARKER
New Registered Office Address: 14255	US HWY SUITE 238, JUND BEACH Enter Florida drees address Florida 33408
	City, Florida 33408 Zip Code
New Designatured Agent's Signature if shanging Designatured Agents	•

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 Type of Action <u>Address</u> Title Name FRANK PARKER 80% OWNER MGR 7304 LIGHTHOUSE COVE - Add TEQUESTA, FL, 33469 ☐ Change MGR NICOLA MASTIN 20% OWNER 18044 SE LAUREC LEAF WO Add TEQUESTA, FL, 33469 □ Remove ☐ Change 23808 CATON FARM BD _ Add AMBER ALSTOTT AMBE PLAINFFELD, IL, 60586 □ Remove □ Change \square Λdd □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add Remove

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ffective date, if other an effective date is listed, the late inserted becament's effective date are record specifies a The 90th day after	the date must be specific and in this block does not be on the Department of delayed effective	nd cannot be prior to date of meet the applicable states states records. date, but not an e	tutory filing requirem	nents, this date w	ill not be listed as
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ated <u>28 00</u>	1000 / T	, <u>WS</u>			
	Signature of a	a member or authorized re	presentative of a memb	er	
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	- TRA	Typed or printed name	of signee	<u> </u>	<u> </u>
				5/17 	2
		Page 3 of	2	7,33	

Filing Fee: \$25.00