L15000055174

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S. YOUNG

COVER LETTER -

TO:	Registration Section Division of Corpo		•			
SUBJE	ст: _ Э́ғ	DARIAN C	FLOBAL OF	ソ 巨	1150	20314
_		Name of Lim	ited Liability Company			
The end	losed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.			
Please 1	eturn all correspond	ence concerning this matter	to the following:			
		FRANI	K PARKER			
			Name of Person			
		SPART	AN GLOBA	L ONE	:	- 4 .
			Firm/Company			6
		14255	US HIGHT	WAY/	STE !	234 5
			Address			22 855
		Ju	NO BEACH	,FL, 3	3408	6 01 22 PH 3: 04
			City/State and Zip Code	-		ر بن ص
		E-mail address: (1	parker 26 (to be used for future annual re	QQOI · CC	$\frac{2}{2}$	
For furt	her information con	cerning this matter, please ca	all:			
	Frank	. Parker	at (914)	523 44	33	
	Name of P	erson	Area Code	Daytime Telephone	Number -	_
Enclose	ed 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)	osed) (60.00 Filing l Certificate of Certified Cop (additional copy	Status & y
	MAILIN	G ADDRESS:	STREET/	COURIER ADDI	RESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

SPARTAN GLO	OBAL ONE LLC.	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L15000055</u> /74	were filed on <u>3/7/16</u>	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	<u>lity company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabilite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or the above 230 VILLAGE TEQUESIA, FL SWITE 730	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 948 PALM CITY, FC	3 . 34991
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		ne name of the new
New Registered Office Address:		3
	Enter Florida street address	05
	, Florida	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	MICOLA MASTIN	18044 SE LAUREL TEQUESTA, FL, 331	CEAF CANO
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Note: If t	date, if other than the date of filing: DATE OF FILING (optional) ve 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 60 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list's effective date on the Department of State's records.	子 ラボ 05.0207 (3)(t
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 0th day after the record is filed.	lier of:
Dated	Jucy , 2016.	
	Signature of a member of authorized representative of a member	
	Nicola Maetin	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00