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(Re	equestor's Name)	
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COVER LETTER

TO: Registration S Division of Co	ection rporations		
. ' SUBJECT:	Spartan 30	25	
	Name of Limi	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Victoria	Name of Person	
	Sparta	n 365 Firm/Company	
	8549	Native Pine V	Vay
	Oclande	Florida 328 City/State and Zip Code	36
	Victoria - E-mail address: (1	hills emac. com	ication)
For further information	concerning this matter, please ca	all:	
Victoria	of Person	at (<u>313</u>) <u>402-0</u> 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

TO ARTICLES OF ORGANIZATION OF

Spartan 305 (Name of the Limited Liability Compa	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{3}{28}$
Florida document number 46000000083	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8549 Native Pine Way
(Principal office address MUST BE A STREET ADDRESS)	Orlando, F1 328360 '
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8549 Native Pine Way Orlando, Fl 32836
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new \underline{e} :
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	HAS AY
	Enter Florida street address
	City City Zip Dde
New Registered Agent's Signature, if changing Registered Agent:	RA 3
I hereby accent the appointment as registered agent and age	ree to act in this canacity. I further agree to comply with the

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 = Ma AMBR = Au	anager uthorized Member		
Title '	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00