L16000110764

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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D. SCOTT FEB 3 2017

COVER LETTER

TO:		stration Se sion of Cor		r*
SUBJE	ECT:		perty Investors LLC	ra de la companya de
			Name of Lim	ited Liability Company
			Amendment and fee(s) are sub	-
			Jay Butler	
				Name of Person
	Spartan Property Investors LLC			rrć
	Firm/Company			Firm/Company
	4901 Victoria Drive (Suite #102)			#102)
			·	Address
			Cape Coral, FL 33904	
				City/State and Zip Code
			Admin@AssetProtectionSe	
			E-mail address: (to be used for future annual report notification)
For fur	ther in	formation co	oncerning this matter, please co	all:
Jay Bu	ıtler			239 309-8214 = 5 = 3
		Name of	f Person	Area Code Daytime Telephone Number
Enclose	ed is a	check for th	ne following amount:	SSEE 2 TEL
□ \$25	5.00 Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
			ING ADDRESS:	STREET/COURIER ADDRESS: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Spartan Property Investor	's LLC		
(Name of the Limite	d Liability Company as it no A Florida Limited Liability Co	ow appears on our recompany)	ords.	
The Articles of Organization for this Limited Lia Florida document number L16000110764	ability Company were file	ed on16 - M	ay - 2016	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability com	pany here:		
N/A				
The new name must be distinguishable and contain the wo	ords "Limited Liability Compa	ny," the designation "L	LC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	able: N/A			
(Principal office address MUST BE A STREET	T ADDRESS)			
Enter new mailing address, if applicable:	N/A			
(Mailing address MAY BE A POST OFFICE BOX)				SEC
B. If amending the registered agent and/or registered agent and/or the new registered off	fice address here:	lress on our reco	rds, <u>enter t</u>	ED 2 PM SEE, FI
Name of New Registered Agent:	N/A			0 7 7
New Registered Office Address:		Enter Florida street add	droes	2m 8
		Linei i wi ad di cei dadi ess		
	City	,	Florida	Zip Code
New Registered Agent's Signature, if changing R	ř			•

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Asset Protection Services of Americ	701 South Carson Street	M Add
		Suite #200	□ Remove
		Carson City, NV 89701-5239	Change
MGR	Tamuda Property	701 South Carson Street	= Add
		Suite #200	□ Remove
		Carson City, NV 89701-5239	□ Change
			Remove
			Conge
			FILE ANASSE
			Fli Remove
			Ti Change
			□ Add
			Remove
			□ Change
			Add
			☐ Remove
			☐ Change

ț amending	g any other information, enter change(s) here: (Attach a	idditional sheets, if necessary.)	
		COMMON STREET,	

	-		
-			
		<u> </u>	
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		75 N	5
*		87.CG	고
ffective da	te, if other than the date of filing: 01-January-2017	(optional)	<u>ن</u>
Note: If the	date is listed, the date must be specific and cannot be prior to date of filin date inserted in this block does not meet the applicable statutory effective date on the Department of State's records.	ng or more than 90 days after filing.) Pursuant to 605.0 y filing requirements, this date will not be fixted	207.0 asa
e record s The 90th	specifies a delayed effective date, but not an effect day after the record is filed.	tive time, at 12:01 a.m. on the earlier	of
Dated	January 1st 2017		
	Jos Buth		
-	Signature of afmember or authorized represer	ntative of a member	
	Jay Butler, Secretary		

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Filing Fee: \$25.00