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Office Use Only



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FILED

17 MAY 30 PM 2:51

SECRETARY OF STATE
SECRETARY SEE, FLORIDS

D. SCOTT

COVER LETTER

TO:		istration Sect sion of Corpo			
CUD II	·CT.	Spartan Prop	erty Investors LLC		
SUBJE	CI;				
The end	closed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return	all correspond	dence concerning this matter	to the following:	
	,		Jay Butler		
				Name of Person	
	Spartan Property Investors LLC				
	Firm/Company				
			2550 SW 26th Ave		
			-	Address	
			Cape Coral, FL 33914		
				City/State and Zip Code	
			Admin@AssetProtectionSe		
				to be used for future annual report notification)
For furt	her in	formation con	cerning this matter, please ca	all:	
Jay Bu	tler			239 309-8214	
		Name of F	Person	Area Code Daytime Telep	노래 =
Enclose	ed is a	check for the	following amount:		MAY 30 PRANTOF S
\$25	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is englosed)

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

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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

		y Investors LLC		
(Name of the Lin	ited Liability Compa (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Florida document number		were filed on	31-May-2016	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company her	<u>:e</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)				
 If amending the registered agent and registered agent and/or the new registered of the new regist			our records, <u>ente</u>	r the name of the nev
Name of New Registered Agent:	N/A			JALL SEC
New Registered Office Address:				登り
•		Enter Florid	da street address	EI SSEE
		City	, Florida _	Zip'Code_
New Registered Agent's Signature, if changing	Registered Agent:	•		第45
hereby accept the appointment as register				igree 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	Tamuda Property	701 South Carson Street	□ Add
		Suite #200	■ Remove
		Carson City, NV 89701	□ Change
			Add
			☐ Remove
		<u>.</u>	Change
			Add
			Remove
			□ Change
			Remove
			Charge T
			I Remoyes
			S2 Change
			Add
			□ Remove
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N/A						
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Effective det	e, if other than the date (of filing: N/A		(optional)		
(If an effective da Note: If the d	te is listed, the date must be specified in this block do fective date on the Departm	ecific and cannot be prior to ses not meet the applica	o date of filing or more tha ble statutory filing requ	n 90 days after filing.) P	ursuant to 605.0207 (3)(b) If not be listed as the	
the record sp) The 90th	pecifies a delayed effe day after the record is	ctive date, but not ; filed.	an effective time,	at 12:01 a.m. on	the earlier of:	
	MAY 25th	2017			155 3 F	
Dated			-A		ASSEE,	
		Steel Ke	eller		PEST DE LE COMPANIE D	
		ure of a plember or author	ized representative of a m			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00