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(Re	equestor's Name)	
(Ad	ldress)	
(A d	ldress)	_
(Cit	ty/State/Zip/Phone	; #)
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, (Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration S Division of Co								
Spartan H SUBJECT:	ouse, LLC							
SUBJECT:	Name of Lim	ited Liability Company						
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.						
Please return all corresp	ondence concerning this matter	to the following:						
	Miranda Monahan							
Name of Person								
	Spartan House LCC							
	Firm/Company							
	4235 Bee Ridge Rd							
		Address						
	Sarasota Forida 34233							
		City/State and Zip Code						
	spartanhouse12@gmail.com							
	E-mail address: (to be used for future annual report notif	ication)					
For further information	concerning this matter, please ca	dl:						
Miranda Monahan		954 4643873 at ()						
Name	of Person	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spartan House, LLC		
(Name of the Limited) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	Parameter
The Articles of Organization for this Limited Liab	ility Company were filed on 10/03/2016	and assigned
Florida document number L16000184023	······································	
This amendment is submitted to amend the following	ing:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L,L,C,"
Enter new principal offices address, if applicabl	e:	
Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	2X)	
		$\Sigma_{\epsilon \alpha}$
		10 A
3. If amending the registered agent and/or		nter the name of the new
egistered agent and/or the new registered office	e address here:	SSEE
		The state of the s
Name of New Registered Agent:		Γ α
New Registered Office Address:		DRAID DRAID
	Enter Florida street address	
_	, Florid	
	City	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

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>	Name	Address	Type of Action
MGR	Miranda Monahan	9040 Willowbrook Circle, Bradente	Add
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			Change
			□ Add
	•		□ Remove
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Filing Fee: \$25.00