

# L17000134553

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

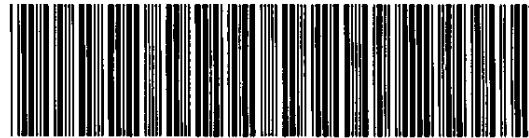
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

JUN 29 2017

JAMES S. JACOBS  
DAVID C. DEMBERT\*  
JACOB M. HOROWITZ\*\*  
*of counsel*  
CAROLYN JACOBS

\* Also Admitted in PA  
\*\* Also Admitted in DC



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Baltimore, Maryland  
21202-3280

(410) 727-4433 (v)  
(410) 752-8105 (f)

June 26, 2017

**VIA EXPRESS MAIL**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

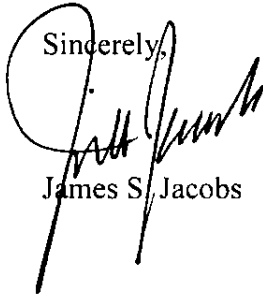
Re: Spartan Realty Consultants, LLC  
Doc. No.: L17000134553  
Articles of Amendment

Dear Madam/Sir:

Enclosed, for filing with the Florida Division of Corporations, please find ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION of Spartan Realty Consultants, LLC. Also enclosed, please find this firm's check payable to the Florida Department of State in the amount of Fifty-five and 00/100 Dollars (\$55.00), representing the applicable filing and certified copy fee. Please process the Articles of Amendment and return a letter of acknowledgement to my attention at: c/o Jacobs & Dembert, P.A., One South Street, Suite 2100, Baltimore, Maryland 21209.

Please feel free to contact me with any questions or concerns you may have. All necessary contact information can be found in the header to this correspondence. Thank you in advance for your assistance with this matter.

Sincerely,



James S. Jacobs

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Spartan Realty Consultants, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James S. Jacobs, Esq.

\_\_\_\_\_  
Name of Person

Jacobs & Dembert, P.A.

\_\_\_\_\_  
Firm/Company

One South Street, Suite 2100

\_\_\_\_\_  
Address

Baltimore, Maryland 21202

\_\_\_\_\_  
City/State and Zip Code

jjacobs@jdlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James S. Jacobs, Esq.

410

727-4433

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 Realty Consultants, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
**2017 JUN 28 PM 4:13**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on June 20, 2017 and assigned  
Florida document number L17000134553.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	George Georgelakos	8702 Largo Mar Drive	<input type="checkbox"/> Add
		Ft. Myers, Florida 33967	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Andrew Georgelakos	8702 Largo Mar Drive	<input checked="" type="checkbox"/> Add
		Ft. Myers, Florida 33967	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2011 JUN 28 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2017 JUN 28 PM 4: 15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 26 2017

James S. Jacobs

Typed or printed name of signee