

L19000291146

Florida Department of State
Division of Corporations
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Division of Corporations
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TALLAHASSEE, FLORIDA
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPARTAN GLOBAL SOLUTIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

V. SULKER
FEB 04 2020

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: SPARTAN GLOBAL SOLUTIONS 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:

Cheyenne MoseleyName of PersonLegalzoom.com, Inc.Firm/Company101 N Brand Blvd 11th FlAddressGlendale, CA 91203City/State and Zip Codebepateras@hotmail.comE-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley800 773-0888at ()Name of PersonArea CodeDaytime 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 &
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(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 5327
Tallahassee, FL 32314**STREET/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPARTAN GLOBAL SOLUTIONS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/25/2019 and assigned
Florida document number L19000291146.

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:

2710 Del Prado Blvd S., #2-276

(Principal office address **MUST BE A STREET ADDRESS**)

Cape Coral, Florida 33904

Enter new mailing address, if applicable:

2710 Del Prado Blvd S., #2-276

(Mailing address **MAY BE A POST OFFICE BOX**)

Cape Coral, Florida 33904

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

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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	Byron C. Patras		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2710 Del Prado Blvd S., #2-276 Cape Coral, Florida 33904	<input checked="" type="checkbox"/> Change
MGR	Alice N. Patras		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2710 Del Prado Blvd S., #2-276 Cape Coral, Florida 33904	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 28 January, 2020

Byron C. Foster

Signature of a member or authorized representative of a member

Byron C. Pateras

Typed or printed name of signer