

L21000357630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

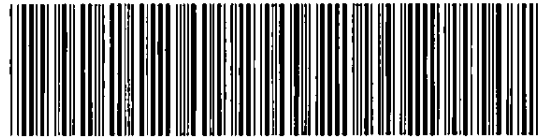
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2024 OCT 24 AM 8:03
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPARTAN DOCTRINE 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:

DANIEL SNYDER

Name of Person

STAG CONSULTING LLC

Firm/Company

3902 SADDLE RIDGE ST.

Address

VAL RICO, FL 33596

City/State and Zip Code

dan.snyder5352@gmail.com

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

For further information concerning this matter, please call:

DANIEL SNYDER

757 818-5875
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

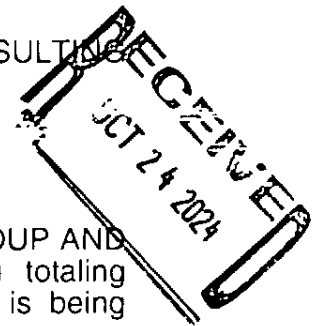


FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2024

DANIEL SNYDER
3902 SADDLE RIDGE STREEET
VALRICO, FL 33596

SUBJECT: SNYDER TEAM ADVISORY GROUP AND CONSULTING
LLC/"STAG CONSULTING" LLC
Ref. Number: W24000129932



We have received your document for SNYDER TEAM ADVISORY GROUP AND CONSULTING LLC/"STAG CONSULTING" LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 924A00020704

Ⓟ Please see changes as requested.

Thank you,
Dan Snyder
A handwritten signature in black ink, appearing to read "Dan Snyder", with a stylized flourish at the end.

FILED

2024 OCT 24 AM 8:03
r records.)

TALLAHASSEE, FLORIDA
2021 and ass

If Changing Registered Agent, Signature of New Registered Agent

11 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
12 or removed from our records:

MGR= Manager

AMBR = Authorized Member

[illegible]

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

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2024 OCT 24 AM 8:03
TALLAHASSEE, FLORIDA
CLERK OF COURT


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


Signature of a member or authorized representative

DANIEL SNYDER

Typed or printed name of signee

Filing Fee: \$25.00