

26-Dec-2024, 14:50

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12/26/24, 9:46 AM

Division of Corporations

Fax Number : (850)617-6383

Florida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BRICK BUSINESS LAW, P.A.

Account Number : I20230000178

Phone : (813)816-1816

Fax Number : (813)692-1982

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: danielle.peynado@brickbusinesslaw.com

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPARTAN ODYSSEY LLC

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1/1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPARTAN ODYSSEY LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

DANIELLE PEYNADO

Name of Person

BRICK BUSINESS LAW, P.A.

Firm/Company

3413 W FLETCHER AVE

Address

TAMPA, FLORIDA 33618

City/State and Zip Code

DANIELLE.PEYNADO@BRICKBUSINESSLAW.COM

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

For further information concerning this matter, please call:

DANIELLE PEYNADO

813 816-1816
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Fax Number : (850)617-6383

SPARTAN ODYSSEY 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 09/07/2021 and assigned
Florida document number L21000397600.

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)

1200 HIBISCUS AVE

SUITE 302

POMPANO BEACH, FLORIDA 33062

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1200 HIBISCUS AVE

SUITE 302

POMPANO BEACH, FLORIDA 33062

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:

BRICK BUSINESS LAW, P.A.

New Registered Office Address:

3413 W FLETCHER AVE

Enter Florida street address

TAMPA

City

Florida 33618

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>
AMBR	NICHOLAS PAPPAS	1200 HIBISCUS AVE	<input type="checkbox"/> Add
		SUITE 302	<input type="checkbox"/> Remove
		POMPANO BEACH, FLORIDA 33062	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 DECEMBER 26, 2024

W. J. Orr

Signature of a member or authorized representative of a member

NICHOLAS PAPPAS - AMBR

Typed or printed name of signee