Florida Department of State Divisional Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1151 BOCA ISLE LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1151 Boca Isle LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny <u>as it now appears on our records.</u>) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000229087		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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 agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	L PH
	. 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 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>	Address	Type of Action
AMBR	Spartan Equity Group LLC	8 The Green, Suite B	X-Add
		Dover, DE 19901	□Remove
			□Add
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Effective date, if other (If an effective date is listed, 1 Note: If the date inserted document's effective date.)	d in this block does	s not meet the app	plicable statutory	g or more than 90 d filing requireme	_ (optional) ays after filing.) Pursi ints, this date will n	ant to 605.0207 of be listed us
he record specifies a delay ord is filed.	ed effective date, b	ut not an effectiv	e time, at 12:01	a.m. on the earlie	er of: (b) The 90th	day after the
Dated June 1		. 2022	·	native of a membe		
		Morram	0.00			

Filing Fee: \$25.00