## 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ied Copies Certificates of Status
ecial Instructions to Filing Officer:

Office Use Only







## **COVER LETTER**

): Registration Se Division of Cor				
вјест: <u>5 Ра</u>	rtan Secul	ited Liability Company	-66	
e enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
ase return all correspo	ndence concerning this matter	to the following:		
	Dougla	S Weedlan		
	Spartan	Security Solut Firm/Company	llons	
	19155	Watubry CT Address	<del> </del>	
	1/109	City/State and Zip Code	3948	2022 NOV -7
	E-mail address:	to be beed for future annual report notif	ication)	¥-7
or further information c	oncerning this matter, please c	all:		) 
Fory las	Weedham 1	at (94) ZOS	Telephone Number	2: 18
nclosed is a check for the	he 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 Stat Certified Copy (additional copy is en	tus &
Mailing Addres Registration 9		Street Address: Registration Sec	etion	
Division of C	Corporations	Division of Corp	porations	
P.O. Box 632		The Centre of T	allahassee : Street, Suite 810	
THE PROPERTY OF THE PROPERTY O	3 / 1 1 🕶	Z-7 L.2 LY, 1V1(71111)//	. CHECK DUILE UIV	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spartan Security (Name of the Limited Liability Compa	Solutions LLC iny as it now appears on our records.)
(A Florida Limited 1	Liability Company)
Articles of Organization for this Limited Liability Company	were filed on 9119 ZOZZ and assigned
ida document number <u>L 22 000 409 014</u> .	,
amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liab	ility company here:
new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
er new principal offices address, if applicable:	
ncipal office address MUST BE A STREET ADDRESS)	
	2022 S.E.
er new mailing address, if applicable:	
iling address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office a nt and/or the new registered office address here:	address on our records, <u>enter the name<sup>t</sup>of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
Registered Agent's Signature, if changing Registered Agent:	
reby accept the appointment as registered agent and agrevisions of all statutes relative to the proper and complete ept the obligations of my position as registered agent as pay filed to merely reflect a change in the registered office upany has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is $\sim$
If Char	nging Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> <u>emoved from our records</u>:

R = Manager

BR = Authorized Member

	<u>Name</u>	Address	Type of Action
R	Todd Wheeler	110 Staclain ST SE Port Charlotte FL 3395	ZAdd
		404 / 61001 10 111 13 13 13	□Remove
			□Change
			□Add
			□Remove
			□Change □Change SECRET
			PH PH
			COCIMige Comment Comme
			□Remove
			□Change
_			□Add
			□Remove
			Change
			[] Add
			□Remove

<del></del>	s <b>2</b> 1
	0221 TA
	<u> </u>
	변 <mark>수 2</mark>
	E 8
tive date, if other than the date of filing:	(optional)
If the date inserted in this block does not meet the applicable statutory f	filing requirements, this date will not be listed a
ment's effective date on the Department of State's records.	
rd 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
iled.	
11 1 2000	
Monawaje 4 Cose.	
1 November 1 2022.  Signature of a member or authorized representa	

Filing Fee: \$25.00