L23000191602

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COVER LETTER

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TO:

Registration Section

Division of Co	rporations				
SPARTA (CAPITAL & CO LLC		•		
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ROGER ALMEIDA				
Name of Person					
	SPARTA CAPITAL & CO	DILC			
		Firm/Company		,	
	14455 PUNNINGWOOD	PL			
	Address				
	WINTER GARDEN, FL	4787		** *	
	Name of Limited Liability Company aclosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: ROGER ALMEIDA				
	·		(timethous)	:	
U on Combon in Commission			incanony	_··	
	concerning this matter, please c	au:		 	
ROGER ALMEIDA		407 715-7437 at ()		: 	
Name o	f Person	Area Code Daytin	ne Telephone Number	—	
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certifica Certified	te of Status & Copy	
•					
			ection		
		-			
P.O. Box 632	27	The Centre of Tallahassee			
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPARTA CAPITAL & CO LLC

(Name of the Limited Liability Comp (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000191602	were filed on <u>04/18/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		- •
Principal office address MUST BE A STREET ADDRESS)		~·
	,	:)
ater new mailing address, if applicable:		<i>ت</i> ،
Mailing address MAY BE A POST OFFICE BOX)		
		• • • •
		<u>ਂ,</u> ਯ
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Elast.	dia
	City	da

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>	Address	Type of Action
AMBR	HUMBERTO L ROUSSADO PIN	RUA VASCO GAMA N 60 AP 117	\ \ \ Add
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E. Effective date, if other I (If an effective date is listed, th Note: If the date inserted document's effective date	in this block does not me	ect the applicable st	of filing or more than 90 atutory filing requirer	days after filing.) Pursi nents, this date will r	ant to 605 0207 (3) out be listed as the
If the record specifies a delayer record is filed.	d effective date, but not a	an effective time, at	12:01 a.m. on the ear	her of: (b) The 90tl	i day after the
Datasi JUNE 15		2023			- 7
Dated	·	1111			·
	Signaturo 6! am	ember or authorized i	epresentative of a memb	per	27 23
ROGER ALM	FIDA				271

Filing Fee: \$25.00

Typed or printed name of signee