L24000476304

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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SECRETARY OF STATI



COVER LETTER

	gistration Se vision of Cor						
eup trow		PRO WASH LLC					
SUBJECT:		Name of Lim	ited Liability Company	 			
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retur	n all correspo	ondence concerning this matter	to the following:				
		William Strickland					
			Name of Person				
SPARTAN PRO WASH LLC Firm/Company 5380 NW Dell Ct							
							
			Address				
Port St Lucie, FL 34986					SECRETARY OF STATE TALLAHASSEE, FL	2024	
	City/State and Zip Code info@spartanprowash.net					2024 NOV 18 PH	
		E-mail address: (to be used for future annual report notifi	cation)	喜門	8	
For further	information c	oncerning this matter, please c	all:		OF S	P# 5	
William Str	rickland		772 971-0097		FL	2: 5 <u>1</u>	
	Name o	f Person	Area Code Daytime	Telephone Number	— n		
Enclosed is	a check for th	ne following amount:					
₩ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Col (additional copy	f Status & py		
	ailing Addres		Street Address: Registration Sec	tion			
Registration Section			Division of Corr				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

SPARTAN PRO WASH LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L24000476304	pany were filed on 11/12/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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:		<u></u>
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		202 SE
Enter new mailing address, if applicable:		TACE .
(Mailing address MAY BE A POST OFFICE BOX)		V V
Mailing address MAY BE A POST OFFICE BOX) High Box 8		
		SE PA
B. If amending the registered agent and/or registered of	ffice address on our records, <u>enter the na</u>	me of the new registere
agent and/or the new registered office address here:		FF 51
		ıπ
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. 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 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>	Name	Address	Type of Action
MANAG'	William D Strickland	5380 NW Dell Ct, Port St Lucie, FL 34986	■Adđ
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			□ Change
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		In the date of filing: (optional)				
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<u>te:</u> If th	date inserted in this block does not meet	the applicable stat	filing or more than 90 d atory filing requireme	(optional) ays after filing.) Pur nts, this date will	suant to 60! not be list	5,0207 ed as
ument's	effective date on the Department of State	s records.				
	cifies a delayed effective date, but not an e	ffective time, at L	2:01 a.m. on the earlic	т of: (b) The 90	th day afte	r the
s tiled.						
Nov	mber 13 20	124				
	1	7///				
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	Signature of a inequ	er or authorized reg	resentative of a member			

Filing Fee: \$25.00