P21000055011

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2022 FEB 14 AM 9: 32 SECRE DURY OF STATE

COVER LETTER ..

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: SPARTAN LABO	RATORIES INC.			
DOCUMENT NUM	P21000055011				
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Matthew Lopez				
		Name of Contact Persor)		
Spartan Laboratories, Inc.					
	Firm/ Company				
	6560 W ROGERS CIRCLE S	STE 25			
Address					
	BOCA RATON, FL 33487				
		City/ State and Zip Code	2		
	matt@marketingthreat.com				
	E-mail address; (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas		. 899-3277		
	of Contact Person	at (Area Co) 899-3277 de & Daytime Telephone Number		
	or the following amount made				
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
	nendment Section vision of Corporations	Amendment Section			
	Vision of Corporations D. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

SPARTAN LABORATORIES INC

2022 FEB 14 AM 9: 32

SPARTAN LABORATORIES INC.	
(Name of Corporation as curre	ntly filed with the Florida Dept. of State
P21000055011	TALLAHASSEE, FL
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.	A professional corporation name must contain the word
D. Futor new principal office address if applicables	same
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
· ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same
(Mulling dutiess MAT BE A FOST OFFICE BOX)	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addresses agent and/or the new registered office addresses.	
	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	. Florida
The Hogard of Spring State of	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	
I hereby accept the appointment as registered agent. I am familia	ir with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
, and a second s	rearrant and the second and the seco
Check if applicable	177.2 P.C
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1	1) (c), r.s.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	Michael Bitelli	6560 W ROGERS CIRCLE # 25
Add			BOCA RATON, FL 33487
x Remove			
2) Change	PST	Matthew Lopez	6560 W ROGERS CIRCLE # 25
x Add			BOCA RATON, FL 33487
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			*
Remove			
6) Change			
Add			
Remove			

	or adding additional Article onal sheets, if necessary). (Be specific)	 -		
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f an amendn	nent provides for an exchan or implementing the amend	ge, reclassification	, or cancellation o	nst itealf	
<u>provisions in</u> (if not ar	plicable, indicate N/A)	ment it not contain	ed in the antiqui	ent usen.	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this de Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder act	ion and shareholder
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment e sufficient for approval.	(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	vent
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
02-03-2 Dated	022	
Signature	was us	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other coulointed fiduciary by that fiduciary)	
	Matthew Lopez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	