## L2400073520

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(1111)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
: 7.7 773					
e. eret					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
0 1 - 7 - 1 2/1					
Ket 07.01.24					





100429840531

Ret 07/01/24

2024 JUL - 1 PH 3: 06

## **COVER LETTER**

TO:					
SUBJE		OPS LLC	•		
		Name of Limit	ed Liability Company		
Division of Corporations  SPARKDEVOPS LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Walter Stanley Merida Munoz  Name of Person  Firm/Company  10680 Waves Way  Address  Parkland, FL 33076  City/State and Zip Code waltermerida@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Walter Stanley Merida Munoz  954  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\begin{array}{c} \$255.00 \text{ Filing Fee} &  \text{ S60.00 Filing Fee}.   Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy Certificate of Status & Certificate Copy is enclosed)					
Please i	eturn all correspon	dence concerning this matter to	of Limited Liability Company  are submitted for filing.  matter to the following:  ida Munoz  Name of Person  Firm/Company  Address  City/State and Zip Code ail.com  dress: (to be used for future annual report notification)  lease call:		
		Walter Stanley Merida Mun	oz		se Number  Second Filing Fee. Certificate of Status & Certified Copy
SPARKDEVOPS LLC    Name of Limited Liability Company					
		<del></del>	Firm/Company	<del></del>	
		10680 Waves Way			
			Address		
		Parkland, FL 33076			
			City/State and Zip Code		
		waltermerida@hotmail.com			
		E-mail address: (to	be used for future annual report i	notification)	
For furt	her information co	ARKDEVOPS LLC    Name of Limited Liability Company			
Walter					
	Name of	Person	Area Code Day	time Telephone Number	
Enclose	ed is a check for the	following amount:			
<b>■ \$25</b>	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

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

Street Address:

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

SPARKDEVOPS LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Compan	y were filed on 02/09/2024	and assigned
lorida document number L24000073520		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC"	or the abbreviationb. L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		PH 7
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u></u>
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	e address on our records, <u>enter tl</u>	ne name of the new regis
to the second se		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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>	<u>Name</u>	Address	Type of Action
AP	Jose S Hidalgo Munoz	10680 Waves Way, Parkland, FL 33076	□Add
			■Remove
			□Change
AP	Luis C Duarte Iraheta	10680 Waves Way, Parkland, FL 33076	□Add
			□Change
AP	Eduardo E Gomez Valencia	10680 Waves Way, Parkland, FL 33076	🗆 Add
		<del></del>	Remove
			□Change
AP	Bryan E Villafuerte Mangandi	10680 Waves Way, Parkland, FL 33076	□Add
			■Remove
		<del></del>	□Change
AP	Andres Godinez Olmedo	10680 Waves Way, Parkland. FL 33076	□Add
			=Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	<del></del>
	_
	<del></del>
	<del></del>
	<del></del>
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	605.0207 (3)(1) listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day arecord is filed.	after the
Dated 1002 20 . 2024 .  Signature of a pember or authorized representative of a member	_
Walter Stanley Merida Munoz  Typed or printed name of signee	_

Filing Fee: \$25.00