## 1

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
· · · · · · · · · · · · · · · · · · ·					
(Document Number)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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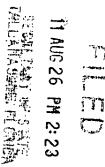
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## **COVER LETTER**

TO:	Registration Se Division of Cor		ţ¢.	
SUBJÌ	ECT:	SPA	RKLS, LLC	
			ted Liability Company	
	. •			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
			Sonia-Marcela Alzate	
5765			Name of Person	
			SPARKLS	
			Firm/Company	
			Washington Street Unit E4	
			Address	
			Hollywood, FI 33023	
guall		**************************************	City/State and Zip Code	·
		gualb	ertotorres@bellsouth.net	· · · · · · · · · · · · · · · · · · ·
т. с.	45	·		ication)
For fur	ther information co	oncerning this matter, please c	ali:	
		lberto Torres	at (_954_)	983-9081
	Name of	Person	Area Code & Daytim	e Telephone Number
Enclos	ed is a check for th	e following amount:		
\$25	5.00 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 Status & Certified Copy (additional copy is enclosed)
		NG ADDRESS:	STREET/COUR	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

·	SPARKLS, LLC			
(Name of the Limited Li (A Fl	ability Company as it now appears orida Limited Liability Company)	s on our records.		
The Articles of Organization for this Limited Liabs Florida document number L1100009632		8/22/11	and assigned	
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability company here	ş.		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Compar	ny," the designation "L	LC" or the abbreviatio	
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
		,		
Enter new mailing address, if applicable:	<u> </u>	<u></u>	<u> </u>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	ja L	5	
			On Prome	
	,	7	A B IN	
B. If amending the registered agent and/or		ur records, <u>enter t</u>	he name of the new	
registered agent and/or the new registered offic	<u>e address here</u> :	i i i i i i i i i i i i i i i i i i i	₹ <b>%</b>	
	·			
Name of New Registered Agent:		<del></del>		
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Pres	Sonia-Marcela Alzate	5765 Washington Street Unit E4 Hollywood_FL33023	Add Remove
			Add Remove
			Add
			Add Remove
	+ <del>144.1</del>		Add
	·		Add Remove
D. If amen	ding any other information, ente	r change(s) here: (Attach additional sheets, if necessary.)	<del>_</del>
			<del></del> .
			<del></del>
Dated	8-23-11 . See [	000k)&	
	Signature of a	member of authorized representative of a member	
		Sonia-Marcela Alzate Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00