12000066420

| • | | | | |
|---|--|--|--|--|
| (Requestor's Name) | | | | |
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| 10CT -4 2012 | | | | |
| L. SELLERS | | | | |
| | | | | |
| | | | | |

Office Use Only



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SECRETARY OF STATE

COVER LETTER

| Division of Co | | | | | |
|--|--|--|--|--|--|
| SUBJECT: | SUBJECT: SPARK PET CARE LLC | | | | |
| | Name of Lim | ited Liability Company | | | |
| | Amendment and fee(s) are su | • | | | |
| Please return all correspond | ondence concerning this matte | r to the following: | | | |
| | <u> </u> | ADRIANA DIAZ | | | |
| Name of Person | | | | | |
| STAR TAXES INC | | | | | |
| Firm/Company | | | | | |
| 7333 CORAL WAY SUITE 107 | | | | | |
| Address | | | | | |
| | MIAMI, FL 33155 | | | | |
| City/State and Zip Code | | | | | |
| STAR.TAXES@YAHOO.COM E-mail address: (to be used for future annual report notification) | | | | | |
| Too Combon in Comment | | • | nion) | | |
| For further information of | concerning this matter, please of | call: | | | |
| | RIANA DIAZ | at (305) 9 | 74-7827 | | |
| Name o | ADRIANA DIAZ at (305) 974-7827 Name of Person Area Code & Daytime Telephone Number | | Celephone Number | | |
| Enclosed is a check for the | , he following amount: | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | | | | | |

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SPARK PET CA | RE LLC |
|--|--|
| (Name of the Limited Liability Company as (A Florida Limited Liabil | it now appears on our records.) ty Company) |
| The Articles of Organization for this Limited Liability Company were Florida document numberL12000066420 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability | company here: |
| The new name must be distinguishable and end with the words "Limited L "L.L.C." | iability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | address on our records, enter the name of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: | n . n(. / /) |
| | Enter Florida street address |
| | , Florida |
| New Registered Office Address: | |

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> | Address | Type of Action |
|--------------|--------------------------------|---|--|
| MGRM | MARIETH AGUERA | TERAL 11258 NW 44TH TER DORAL, FL 33178 | ✓ Add ☐ Remove |
| | | | [T] n |
| | | | Add Remove |
| - | | | Remove |
| | | | Property Str. |
| | | | (T) |
| D. If amei | nding any other information, e | nter change(s) here: (Attach additional she | eets, if necessary.) |
| - ' | | | |
| | | | TALL |
| Dated | September 24 | | FILED 12 OCT -3 PH 2 SECRETARY OF S ALLAHASSEE. FL |
| | Signature | of a member or authorized representative of a m ARNALDO REBOLLEDO | ○ |
| | | Typed or printed name of signee | ————————————————————————————————————— |