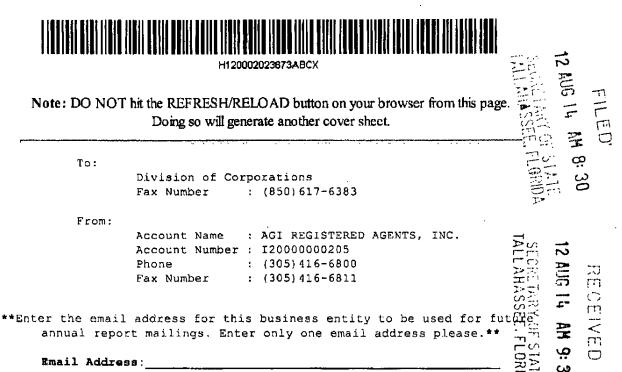
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPARKS GLOBAL INVESTMENT, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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COVER LETTER

	Registration S Division of Co			
SUBJEC	:T:	Sparks Glob	pal Investment, LLC	
		Name of Lim	ited Liability Company	
		Amendment and fee(s) are su		
ricase rei	um an corresp	ondence concerning this matte	r to the following:	
			Diane M. Hernandez	
			Name of Person	······································
			Adams Gallinar, P.A.	
			Firm/Company	
		1000	Brickell Avenue, Suite 300	
			Address	
			Miami, Florida 33131	
			City/State and Zip Code	
		E-mail address: (ernandez@agilaw.com to be used for future annual report notifice	ition)
For further	er information of	concerning this matter, please o	call:	
	Diane	e M. Hernandez	at (305) 4	16-6800
	Name o	of Person	Area Code & Daytime 7	Celephone Number
Enclosed	is a check for t	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)
	Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURIES Registration Section Division of Corporati	

P.O. Box 6327 Tallahassee, FL 32314

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

ADAMS GALLINAR PA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAGE 03/04
FILED.

12 AUG 14 AM 8: 30
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

				- LUKIDA
	Sparks Glo	bal investments, L	LC	,
(Na	me of the Limited Liabilit	v Company as it now appea Limited Liability Company)	rs on our records.)	<u></u>
	(A rionua	Chimed Liability Company)		
The Articles of Organization	for this Limited Liability (Company were filed on	6/11/2012	and assigned
Florida document number	L12000077472			
<u></u>				
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the lim	ited liability company her	re:	
			. 	
The new name must be distingu	ishable and end with the wo	ords "Limited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices	address, if applicable:			
(Principal office address ML	ST BE A STREET ADD	RESS)		
Enter new mailing address,	if applicable:			
(Mailing address MAY BE A	•			
Country wanted traces and	1 OST STATEMENT	-		
B. If amending the regist	ered agent and/or regis	stered office address on	our records, enter	the name of the new
registered agent and/or the				
Name of New Regis	stered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Off	ine Address:			
New Neglatered Off	too Addiess.	Ei	uter Florida street ad	dress
			Plants.	
		City	, Florida	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

ь.	_

08/14/2012 09:19

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ADAMS GALLINAR PA

PAGE 04/04

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
MGR	Maria Gabriela Estrella Silva	1000 Brickell Avenue Suite 300 Miami, Florida 33131	Add Remove
MGR	Juan Perrone	1000 Brickell Avenue Suite 300 Miami, Florida 33131	Add Remove
			Add Remove
D. If amer	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			
-			
Dated	August 10 20	012	
	Signature of a mente	er or authorized regresentative of a member	
	. /	, Esq. Authorized Representative	
	Турес	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00