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(Business Entity Name)	
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JAN - 8 2013	
EXAMINER	

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COVER LETTER

TO:

Registration Section Division of Corporations

...<u>:</u> SP

SPARKY CONSTRUCTION, 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:

STEVEN E STRATTON

Name of Person

STRATTON SERVICE HOLDINGS, LLC

Firm/Company

1353 CROSS CREEK CIR STE A

Address

TALLAHASSEE, FL 32301

City/State and Zip Code

INFO@STRATTONSERVICE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN E STRATTON

{....}850.402-9890

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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)

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

SPARKY CONSTRUCTION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabil	ity Company were filed on 11/06/2012	2 and assigned
Florida document number L12000141671	·	
This amendment is submitted to amend the following	ng:	•
A. If amending name, enter the new name of the	e limited liability company here:	
WILL FIXX CONSTRUCTION, LLC		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	28
		The same of the sa
		ASS THE STATE OF T
Enter new mailing address, if applicable:		SS 7 I
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	7 7 m
		P G
B. If amending the registered agent and/or registered agent and/or the new registered office		rds, enter the name of the new
registered agent and/or the new registered office		•
Name of New Registered Agent:	•	
New Registered Office Address:		
	Enter Floria	la 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manag MGRM = Mar	nger nnaging Member		
<u>Title</u>	Name	Address	Type of Action
******			Add
			Remove
			.
			Add
			Remove
			-
		2500 EU- A-2	Add.
		ASSET	Remove
		5. FLO	
		NO _A	Add
			Remove
•			
,			Add
			Remove
			Add
			Remove
			Kemove

amending any othe	er information, enter change(s) here: (Attach additional sheets, if ned	cessary.)
-		
JANUARY	03 2013	
- Ref	5 A.H.	
	Signature of a member or authorized representative of a member	
STEVE	N E STRATTON	
	Typed or printed name of signee	
	Page 3 of 3	*4
	Filing Fee: \$25.00	A CE

2013 JAN -7 PM 4: UB