## C14000 185442

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## **COVER LETTER**

TO: **Registration Section** Division of Corporations Sparky Healthy Water 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: Vanessa Nelson Name of Person Sparky Healthy Water LLC Firm/Company 503 Tamiami Trl S #201 Address Venice, FL 34285 City/State and Zip Code nelsonvanessa@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ′anessa Nelson Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

**MAILING ADDRESS:** 

Certificate of Status

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

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sparky Healthy Water LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
he Articles of Organization for this Limited Liability Company lorida document number <u>L14000105442</u> .	were filed on 7/2/2014 and assigned
nis amendment is submitted to amend the following:	•
. If amending name, enter the new name of the limited liabi	ility company here:
e new name must be distinguishable and end with the words "Limited Liabi	His Common , 7 the decimation (II C?) as the abbunitation (II C.)
	inty Company," the designation "LLC" or the abbreviation "L.L.C.
nter new principal offices address, if applicable:	.:*2
rincipal office address MUST BE A STREET ADDRESS)	
	7 P -7
nter new mailing address, if applicable:	SS of F
<u> Iailing address MAY BE A POST OFFICE BOX)</u>	Tie B IT
	8 × 56
If amending the registered agent and/or registered of	
gistered agent and/or the new registered office address here	<b>}</b> ;
N	
Name of New Registered Agent:	
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member	
1	
MGR = Manager	
AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Rina Patel	5112 TIDEWATER PRESERVE BLV	VD □ Add
		BRADENTON, FL 342	08 <sub>■ Remove</sub>
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. If amending any other information, ente	r change(s) here: (Attach additional sheets, if necessary.)	
•		
	<del></del>	
Effective date, if other than the date of fi (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Depart	o date of receipt or filed date and cannot be more than 90 days after	
Dated September 18	2014	
Mary .	-, In low 7	
Signature o	of a member or authorized representative of a member	
Vanessa Nelson		
<del> </del>	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF SHATE