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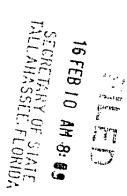
(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Sec Division of Corp			-	
eino ne	SPARKLE	D ANGELS LLC			
Name of Limited Liability Company					
The encl	losed Articles of A	Amendment and fee(s) are subr	mitted for filing.		
Please re	eturn all correspor	ndence concerning this matter t	o the following:		
		CYNTHIA KELLER			
			Name of Person		
			Firm/Company	 , , , , , , , , , , , , , , , , , , 	
		4634 HARBOR VIEW DR	IVE		
			Address	•	
		JACKSONVILLE, FL 322	208		
		SparkledAngels@gmail.com	City/State and Zip Code		
			o be used for future annual report notific	ation)	
For furtl	ner information co	ncerning this matter, please ca	ш:		
SASEE	MORALES		786 262-6872 at ()		
	Name of	Person	Area Code Daytime	Felephone Number	
Enclose	d is a check for the	e following amount:			
Q \$2 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)	

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

SPARKLED ANGELS LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)
(A rionda Limited Liz	ionity Company)
The Articles of Organization for this Limited Liability Company w	vere filed on JULY 20, 2015 and assigned
Florida document number L15000123481	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	N/
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	/ A
B. If amending the registered agent and/or registered offi	ce address on our records, enter the name of the new
registered agent and/or the new registered office address here:	
	Ξ_{S}
Name of New Registered Agent:	<u> </u>
THE OF THE TENENTS OF	/ Îm in .
New Registered Office Address:	N / SS B 2
	Enter Florida freet address
	/A Florida
•	City Ciptiode
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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AR	SASEE MORALES	1690 NE 172ND ST	
		NORTH MIAMI BCH, FL 33162	Remove
			☐ Change
			□ Remove
			Change
			Remove
			☐ Change
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			□ Remove
			Change

			Remove
			□ Change

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ective date, if other than the date of filing:	(optional)
ective date, if other than the date of filing: a effective date is listed, the date must be specific and cannot be prior to date of filing the: If the date inserted in this block does not meet the applicable statutory if	or more than 90 days after filing.) Pursuant to 605.020
nument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective	ve time, at 12:01 a.m. on the earlier
he 90th day after the record is filed.	·
ed	
9 0	2/08/16
	2/00/11

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00