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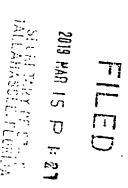
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MAR 2 6 2019 T. LEMIEUX

COVER LETTER

TO: Registration Sect Division of Corpo		·	
SUBJECT:	Spark mem	ories Canalles ited Liability Company	
The enclosed Articles of A	mendment and fec(s) are subt	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Van	USSA GI	
	Sp	OCK Memories (andles
	310	Central Blyd	·
		City/State and Zip Code	ч
	SPAIKMEMORI E-mail address: (t	ies candles ogmai	fication)
For further information cor	acerning this matter, please ca	all:	
Va Ness Q	Person	at (<u>305</u>) <u>992</u> Area Code Daytim	-9769 ne 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

	Or	FILED
(Name of the Limited Lia	Nemorics Cunc bility Company as it now appears of rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>LIGOOOOG</u>	= '	1/9 WE AHASS and assigned A
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here	;
The new name must be distinguishable and contain the words "l	imited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Maning undress MAT BE A FOST OFFICE BOAT		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, <u>enter the name of the ne</u> w
Name of New Registered Agent:		
New Registered Office Address:	Enter Florido	a 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 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>	Address	Type of Action
AMBR	Vanessa Gil	310 central Blvd.	🖸 Add
		miani, FL 33144	□ Remove
			/2 *Change
<u>AR</u>	Lenin Laguna	310 central Blvd.	
		miami, FL 33144	K Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove
			Change
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			Change
			Add
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			Change

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Page 3 of 3

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