

L16000099032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

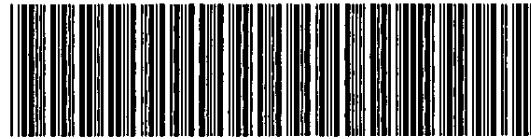
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D BRUCE
MAR 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H&J SPARKES A PLUS TUTORING 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:

HANNAH J SPARKES

Name of Person

H&J SPARKES A PLUS TUTORING LLC

Firm/Company

4070 ALOMA AVE, SUITE 1020

Address

WINTER PARK, FL 32792

City/State and Zip Code

hannah@aplustutoring.net

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

For further information concerning this matter, please call:

Hannah Sparkes

Name of Person

at (321) 666-1158

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

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H & J SPARKES A PLUS TUTORING LLC

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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>	<u>Type of Action</u>
AMBR	JAMIE JOHN SPARKES	4070 ALOMA AVE, SUITE 1020	☒ Add
		WINTER PARK, FLORIDA 32792	☐ Remove
			☐ Change
			☐ Add
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			☐ Change
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SCOTT TAYLOR of TAMPA
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated MARCH 8TH, 2017

Y. Sparkes
Signature of a member or authorized representative of a member

HANNAH JADE SPARKES
Typed or printed name of signee