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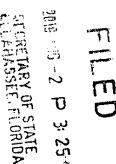
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SPARKLEAN SOLUTIONS 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:
Luis A. MOLINA Name of Person
SPARKLEAN SOLUTIONS LLC Firm/Company
2025 BRIDGEVIEW CIR
ORLANDO, 7L. 32824 City/State and Zip Code
Sparklean Solutions LLC @ 9 mail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Luis A. Molena at 407 928 - 2660  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code 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,  Certificate of Status Certified Copy Certified Copy  (additional copy is enclosed)  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**

SPARKLEAN SOLUTIONS LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) appany)
The Articles of Organization for this Limited Liability Company were filed Florida document number 4/6000/38604.	1 / 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4.3
(Principal office address MUST BE A STREET ADDRESS)	- 13 A
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	STATE STATE
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ess on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	
New Registered Office Address:	——————————————————————————————————————
En .	nter Florida street address
	, Florida
City	Zip Code

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:

MCD -	Manager
WIGH =	wanayei
A MADD	Authorized Member
A IVI D T =	Authorized Wichingt

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	CARMEN M. JIMENEZ	2025 BAID GENTEW CIRCLE	Add
		OFLANSO, FL BD804	Remove
			Change
ANBR	LUIS A. MOLINA	2025 BRIDGEVIEW CIRCLE	Add
		ORLANDO, FL 30824	Remove
			Change
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Filing Fee: \$25.00