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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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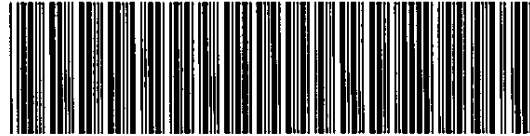
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TALLAHASSEE, FLORIDA

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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  
Address

ORLANDO, FL. 32824  
City/State and Zip Code

SPARKLEAN SOLUTIONS LLC @ gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS A. MOLINA at (407) 928-2660  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SPARKLEAN SOLUTIONS LLC

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Dated 7/29/16, \_\_\_\_\_

Typed or printed name of signee

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