

L16000140276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

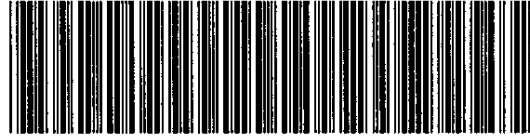
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

alil1605

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPARKS INNOVATIONS AIR CONDITION 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:

Henry Lee Sparks
Name of Person

Sparks Innovations Air Condition LLC
Firm/Company

6025 Balboa DR
Address

Orlando FL 32808
City/State and Zip Code

HSPARKS048@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hsparks048@yahoo.com

Henry Lee Sparks at (321) 695-4676
Name of Person 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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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	Henry LEE sparks	6025 Balboa DR	<input checked="" type="checkbox"/> Add
		ORLando FL 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Denise A sparks	6025 Balboa DR	<input checked="" type="checkbox"/> Add
		ORLando FL 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 8/9/16

Henry Lee Sparks
Signature of a member or authorized representative of a member

Henry Lee Sparks
Typed or printed name of signee