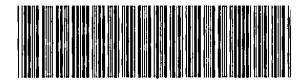
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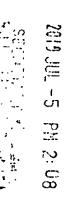
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COVER LETTER

то:	Registration Se Division of Cor		. 	
SUBJE	ест: <i>S</i> _			CERS LLC
The en	closed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	RKLING WHOLE SALERS LLC Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: NAOYA PARVEZ Name of Person PHRKLING WHOLESALERS LLC Firm Company SSZ CLUS HCUSE ESTATE DRIVE Address RUANDO FL 328/9 City/State and Zip Code SPARKLING WHOLERSLAC (P. G.M.A.) L. COM E-mail address: (to be used for future unmual report notification) ing this matter, please call: PARVEZ at (407, 989/1556 Area Code Daytime Telephone Number ong amount. 0.00 Filing Fee & \$55.00 Filing Fee & \$560.00 Filing Fee.	
		NAOY	A PARVEZ_Name of Person	·
		SPARKU	NG WHOLE Firm/Company	GALERS LLC
		7652 CL	UI3 HOUSE (ESTATE DRIVE
		ORLANDO	FL 328/9	
		SPARKLIN	WHOLERSLLC ("	GMAIL. COM
For fur	ther information c	oncerning this matter, please ca	II:	
	Name o	YA PARVEZ Person	Z_at (407), 989 Area Code Daytim	e Telephone Number
Englos	ed is a check for th	ac following amount.		
\$2:	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
		ING ADDRESS: ation Section	STREET/COURI Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	UHOLESALERS	LLC		
(Name of the Limited (A	1 Liability Company as it now a A Florida Limited Liability Comp	ppears on our records.) any)		
The Articles of Organization for this Limited Lia Florida document number <u>L1600020995</u> . This amendment is submitted to amend the follow. A. If amending name, enter the new name of the submitted to a s	bility Company were filed o	n 11-16-2016	and assigned	
The new name must be distinguishable and contain the wo	ah wi imitaal Linkilin Camanan "	the leavest of the arch about		
the new name must be distinguishable and contain the wo	rds - Emilied Claotiny Company,	the designation T.L.C. of the abor	eviation 1. t. C.	
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		<u> </u>	
		- . 		<u>; </u>
B. If amending the registered agent and/o registered agent and/or the new registered offi		s on our records, <u>enter ti</u>	ne name of the no	·W
registered agent and/or the new registered orn	ce address here:		- P	
			700 10	
Name of New Registered Agent:			——————————————————————————————————————	
New Registered Office Address:				
	Ente	r Florida street address		
		, Florida		
	Cuy		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

Title	<u>Name</u>	Address	Type of Action
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