L19000116463

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H19000203659 3)))

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Email Address: Brad@VVVllp.com

2019 JUL -2 PM 4:04

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19 JUL -2 PM 4:16

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPARK INSPIRATION LABORATORY LLC

Certificate of Status	0
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JUL 03 2019

Electronic Filing Menu Corporate Filing Menu Help

Fax Audit # H19000203659 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Spark Inspiration Laboratory LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/26/2017 and assigned Florida document number L17000116463.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

101 NE 54th Street
Miami, Florida 33137

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

101 NE 54th Street
Miami, Florida 33137

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2019 JUL -2 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
City *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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Alex Wechsler	3 Island Ave West Apt 9i	☐ Add
		Miami Beach, FL 33139	☒ Remove
AMBR	Brad Moss	180 NE 29th St 618	☐ Add
		Miami, FL 33137	☒ Remove
AMBR	Alex Wechsler	101 NE 54th Street	☒ Add
		Miami, Florida 33137	☐ Remove
AMBR	Brad Moss	101 NE 54th Street	☒ Add
		Miami, Florida 33137	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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Fax Audit #H190002036593

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

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 more than 90 days after filing.) (605 0207 (3)(b)

Dated July 1, 2019

_____
Signature of a member or authorized representative of a member

Alex Wechsler, Member
Typed or printed name of signee

Filing Fee: $25.00

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2019 JUL -2 PM 1:04