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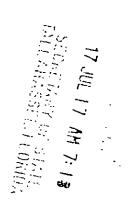
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JUL 18 2017 J SHIVERS

COVER LETTER

Division of Corporations
SUBJECT: Sparkman Custom Construction, 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:
James David Sparkman Name of Person
Sparkman Custom Construction LLC
38852 Otis Allen Rd
Zephyrhills, FL 33540 City/State and Zip Code JdSparkman 73@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James D Sparkman at (813) 793-5102 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\$\text{\$\tex

MAILING ADDRESS:

TO:

Registration Section

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

Sparkman Custom Cons-	truction LLC
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L17000139772</u>	on UNR 27 th 2017 and assigned
This amendment is submitted to amend the following:	
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:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here:	ress on our records, enter the name of the new
Name of New Registered Agent:	7 7
New Registered Office Address:	
${\cal E}$	nier 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

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>	Type of Action
MGR	Chris Wonders	10915 N 51st Street	[F]Add
		Tampa, FL 33617	Remove
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etive date, if other than the date of filing:	(optional)
flective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable sment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an e 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlie
July 12th 2017.	
Signature of a member or authorized	

Page 3 of 3

Filing Fee: \$25.00