

| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| DbA) | ress) | |
| (Add | ress) | |
| (City | /State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | |
|------------------------------------|--|---|---|
| SUBJECT: | SEA SPARKU | TRADW6, L ted Liability Company | <u>LC</u> |
| The enclosed Articles o | f Amendment and fee(s) are sub- | nitted for filing. | |
| Please return all corresp | oundence concerning this matter | to the following: | |
| | ABOUL | SAMET ALAN Name of Person | |
| | _Sea Sp | orkle Trading L | .LC |
| | LILIOG PAR | K EDEN CIT Address | |
| | | FL 32810 City/State and Zip Code | |
| | Samedaless: (1 | an @ qmail- com | ication) |
| For further information | concerning this matter, please ca | ıll: | |
| ABDULSAN Name | MET ALAN of Person | at (<u>6</u> 15) <u>474 – Area Code</u> Daytime | Telephone Number |
| Enclosed is a check for | the following amount: | | |
| S25.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SEA SPARKLE (Name of the Limited Liability Compa (A Florida Limited) | TQADING Inv as it now appears on our Liability Company) | LLC r records.) |
|---|---|---|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L1700172556</u> . | were filed on <u>OS [</u> | 412017 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 5 5 |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | TED IN SO |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | records, <u>enter the name of the new</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stree | et address |
| | City | , Florida Zip Code |
| | City | My Cour |

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> | Address | Type of Action |
|--------------|-------------|---------|-----------------------------|
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| nendir | ng any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| A | ZTICLE V: ABOULLAH WEKER a AMBR WILL | |
| <u> </u> | in 10/090 of the company. | |
| A | BOUSISAMET ALAW a AMBR will own 9010 of to | lu_ |
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| effective : If the | date, if other than the date of filing: | to 605.0: c listed |
| | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ϵ th day after the record is filed. | earlier |
| d | 04/10 . 20/8 . Signature of the prefiber of a uthorized representative of a member | _ |
| | ABOUSSAMET ALAN Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00