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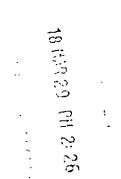
(Re	equestor's Name)	
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J. LEGGETT MAR 3 0 2018

COVER LETTER

TO: Registration Section Division of Corpo			·
SUBJECT: BYA	nd Spare U Name of Limit	Q ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	Honica	a Uscategui Name of Person	
	Green	right Finaucial	
	7480 9	SW Bird Rol	Ste 810
	Hiami	+L 3315	<u> </u>
	muscategu E-mail address (1	City/State and Zip Code i @ greenlightfivar o be used for future annual report notifi	icial. het
For further information con	cerning this matter, please ca	II:	
Monica Name of P	Uscategui	at (305) 860 S Area Code Daytime	5970 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

Brand Sparc	LC
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Companel Florida document number	by were filed on $03)20 2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
Brandspare UC	
The new name must be distinguishable and contain the words "Limited Lia	pility Company," the designation "L.L.C." 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:	. 25
Mailing address MAY BE A POST OFFICE BOX)	1
	28
	office address on our records, enter the name of the nev
registered agent and/or the new registered office address he	ere:
N. CN. D. L. L.	
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

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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fective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of filing	r more than 90 days after filing.) Pur	rsuant to 605.0
<u>ste:</u> If the date inserted in this block does not meet the applicable statutory for cument's effective date on the Department of State's records.	ling requirements, this date will	not be listed
edition is effective date on the Department of State \$ records.		
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Page 3 of 3

Filing Fee: \$25.00