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# **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SPARQ .	Advocacy, LLC		
SUBJECT:	Name of Limi	ited Liability Company	<del></del> -
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
	pondence concerning this matter		
	Christina E. Unkel		
		Name of Person	
		Firm/Company	
	5020 Clark Road, Suite 30		<del></del>
		Address	
	Sarasota, FL 34233		
		City/State and Zip Code	- <del></del>
	cunkel@unkellaw.com	<u>.</u>	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	n concerning this matter, please co	all;	
Christina E. Unkel		941 323-3693 at ()	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 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 Add		Street Address: Registration Sec	tion
Registration of	n Section Corporations	Division of Corp	
P O Box 6		The Centre of Ta	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SPARQ Advocacy, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 03/23/2018 and assigned	
Florida document number L18000075612		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
SPARQ Consulting Group. LLC		
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		
	2024 TALL	
	APR T	à
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	ÿ Jì ii	
Mutting address MAT BE A FOST OFFICE BOX	——————————————————————————————————————	<del>}</del> —
	— <del>-                                   </del>	<u></u>
B. If amending the registered agent and/or registered offic	o address on our records enter the name of tienew req	ictor
agent and/or the new registered office address here:	e address on our records, enter the name of the new reg	13(6)
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	

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
			□Add
		·	□Remove
			□Change
			□ Add
			Remove
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			□Add
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			Change

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(If an eff	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	May 17 2024
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00