

L18000 185 469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

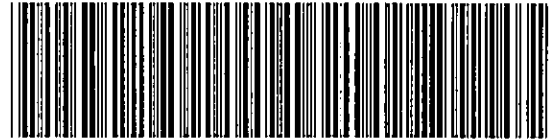
(Business Entity Name)

(Document Number)

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10/21/19--01009--030 **25.00

FILED

19 OCT 21 AM 9:07

CLERK OF COURT
TALLAHASSEE, FLORIDA

NOV 12 2019

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPK SERVICES & SOLUTIONS, 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:

FABIANA DE BARROS

Name of Person

LEGIT CONSULTING SERVICES LLC

Firm/Company

6735 CONROY WINDERMERE RD UNIT 233

Address

ORLANDO- FL 32835

City/State and Zip Code

INFO@LEGITCS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FABIANA DE BARROS

407

2852290

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 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**

SPK SERVICES & SOLUTIONS, LLC

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

FILED
19 OCT 21 AM 8:07
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/02/2018 and assigned
Florida document number 118000185469.

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

6735 CONROY RD UNIT 233

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO-FL 32835

Enter new mailing address, if applicable:

6735 CONROY RD UNIT 233

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO-FL 32835

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:

LEGIT CONSULTING SERVICE LLC

New Registered Office Address:

6735 CONROY RD UNIT 233

Enter Florida street address

ORLANDO

City

Florida 32835

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>	<u>Type of Action</u>
AMBR	PAULO AUGUSTO	11464 CITRA CIR	<input type="checkbox"/> Add
		WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PATRICIA C MOTTA	11464 CITRA CIR	<input type="checkbox"/> Add
		WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANDRE FELIPE PRADO	AV DAS PALMEIRAS 609	<input checked="" type="checkbox"/> Add
		SAO ROQUE-SP, 18136-780	<input type="checkbox"/> Remove
		BRAZIL	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee