L18000209018

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SECRETARY OF STATE

O SILMWORE:

COVER LETTER

TO: Registration Sec Division of Corp			
Spark	de & Design L	LC	
SUBJECT: OPATA		ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Andrea A St	rickland	
		Name of Person	
	Sparkle & D	esign LLC	
		Firm/Company	
	6501 Arlingto	n Expy, Ste B105-6024	
		Address	
	Jacksonville	, FL 32211	
	iournov27figuros@	City/State and Zip Code	
	journey27figures@ E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please co	dl:	
Andrea A S	trickland	_{at} 904 , 580-7799	
Name o	f Person	Area Code Daytime Telephone	Number
Enclosed is a check for th	-		ro oo 1215aa Ean
☑\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addres	is:	Street Address:	
Registration Section		Registration Section	
Division of C P.O. Box 632	· ·	Division of Corporations The Centre of Tallahasse	
Tallahassee, l	FL 32314	2415 N. Monroe Street, S Tallahassee, FL 32303	Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZA FOR FOR

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Sparkle & Design LLC	SECRETARY OF CO.	
(Name of the Limited Liability Comp. (A Florida Limited)	any as it now another on our records.) A Liability Company, LAHASSEE, F	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000209018</u> .	v were filed on 08/31/18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Sparkle & Design LLC	
(Principal office address MUST BE A STREET ADDRESS)	6501 Arlington Expy, S	ste B105-6024
	Jacksonville, FL 32211	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	Sparkle & Design LLC 6501 Arlington Expy, S Jacksonville, FL 32211 address on our records, enter the	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	. .
	Florid	aZip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
— I hereby accept the appointment as registered agent and agr	- ree to act in this capacity. I furthe	
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as _l		

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
		<u></u>	Remove
			□ Change
			□Remove
			DAdd
			Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
		.	Remove
			□Change

. If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an effect Note: If	date, if other than the date of filing:
the record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated N	lovember 20 2021
	Malu Signature of a member or authorized representative of a member
	Andrea A Strickland

Filing Fee: \$25.00

Typed or printed name of signee