## 1190000 74376

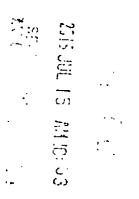
(Requestor's Name)
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## **COVER LETTER**

TO:	Registration Sec Division of Cor			
SUBJE	Spark Insig	hts, LLC		
30 DJ L	C1.	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub		
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Thomas Brendon Reedy		
			Name of Person	
		Spark Insignts, LLC		
	<del></del>			
	4715 W Euclid Ave			
			Address	
		Tampa, FL 33629		
			City/State and Zip Code	<del>_</del> _
		brendonreedy@gmail.com		
		E-mail address: ()	to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	all:	
Thomas Brendon Reedy			508 813-7555	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for th	ne 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

Spark Insights, LLC				
( <u>Name of the Limited</u> (A	Liability Compa Florida Limited I	nv as it now appears on our r Liability Company)	ecords.)	
The Articles of Organization for this Limited Liab Florida document number L19000074376	oility Company	were filed on March 18.2	019 and a	ssigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	<u>he limited liab</u>	ility company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicat	4715 W Euclid Ave			
(Principal office address MUST BE A STREET	ADDRESS)	Tampa, FL 33629		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		4715 W Euclid Ave		
		Tampa, FL 33629		<u> </u>
			<del>.</del>	. : ا
B. If amending the registered agent and/or registered agent and/or the new registered office			cords, <u>enter the nam</u>	_
Name of New Registered Agent:				<u> </u>
New Registered Office Address:	4715 W Euclid		•	
	<b>7</b> .	Enter Florida street e	22/20	
	Tampa Circ		_, Florida <u>33629</u> Zip Cod	······································
New Registered Agent's Signature, if changing Re	gistered Agent:	•	<i></i>	-
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registabeing filed to merely reflect a change in the recompany has been notified in writing of this change.	and complete ered agent as p gistered office	performance of my dution provided for in Chapter	es, and I am familiar w 605, F.S. Or, if this do	eith and cument is

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
MGR	Thomas Brendon Reedy	4715 W Euclid Ave	<b></b>
<del></del> -		Tampa, FL 33629	Add
			□ Remove
			☐ Change
MGR	John David Jackson	6110 Whimbrelwood Dr	<b>=</b> Add
		Litha, Fl. 33547	
			☐ Remove
			Change
			Add
			☐ Remove
			□ Change
			Remove
			Change
			□ Remove
			Add
			□ Remove
			Change

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Affective date, if other than fan effective date is listed, the date Note: If the date inserted in thi locument's effective date on the	must be specific and cannot s block does not meet th	ne applicable statut	iling or more than 90 de ory filing requiremen	(optional) ys after filing.) Pursuant to 60 its, this date will not be lis	5.0207 ted as
e record specifies a dela The 90th day after the		but not an effe	ective time, at 12	2:01 a.m. on the earl	ier of
Pated	20	19			
		r Brendon			
	Signature of a member	er or authorized repre	esentative of a member		

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Filing Fee: \$25.00