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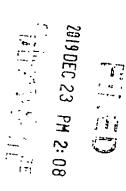
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2019 DEC 23 At 1: 55





COVER LETTER

TO:	Registration Se Division of Cor			
erm ar		LECTRIC LLC		
Name of Limited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Jeiry Alan Coleman		
			Name of Person	
			Firm/Company	
		759 Hibiscus Drive		
			Address	
		Royal Palm Beach, Florida	ı	
			City/State and Zip Code	
		jerry@southfloridafair.com	to be used for future annual report noti	Gastion
For furt	her information e	oncerning this matter, please co	·	neation)
Jerry A	lan Coleman		561 670 9659 at ()	
	Name o	f Person	Area Code Daytim	e 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)

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SRARKS ELECTRIC LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on 12/09/2019	_ and assigned
Florida document number 1.19000299663		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	lity company here:	
SPARKS ELECTRIC LLC		
he new name must be distinguishable and contain the words "Limited Liabih	ty Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		2019
Principal office address MUST BE A STREET ADDRESS)		» Ä ·n
		, <u>, , , , , , , , , , , , , , , , , , </u>
	~	P II
Inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	F-	<u> </u>
3. If amending the registered agent and/or registered office acgent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name	of the new regist
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zin Code
	City	Zin 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.

af amouding 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		 	🗅 Change
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(If an e	rtive date, if other than the date of filing:
docur ne rece	ord 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 filed.
docur he rece ord is f	12/20/2019
docui	filed. d 12/20/2019
docur he rece ord is f	12/20/2019