## 120000287643

(Re	questor's Name)	
(Ad	dress)	<del> </del>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
		4.5
Certified Copies	_ Certificate:	s of Status
<u> </u>		
Special Instructions to	Filing Officer:	
		1

Office Use Only



400358667854

01/22/21--01003--001 \*\*25.8

FILED 2021 J&H 22 PH 1:: 21

2/24/21 DA

## **COVER LETTER**

TO: Registration S Division of Co		,	
SUBJECT:	SUSTAIN + SPAR	HE LIC "	
30001/011	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	CAROLY	V CAUCEGLIA Name of Person	
		.vanc of tesson	
	Sustain	+ SPARKLE LLC Firm/Company	
		Firm/Company	
	1989 HARF	SOR VIEW CIRCLE	<del>.</del>
		•	
	WESTON	FL 33327 City/State and Zip Code Stan and Sparkle. Co to be used for future annual report notific	
		City/State and Zip Code	
	Carolyno Sus	stainands parkte. C	om
	E-mail address: (	to be used for future annual report notifi-	cation)
For further information	concerning this matter, please co	all:	
Caporya	J CAUCESLIA	at (305) 801 - Area Code Daytime	5466
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	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		Street Address:	•••
Registration	n Section Corporations	Registration Sectorial Division of Corp	
P.O. Box 63	•	The Centre of Ta	
Tallahassee	, FL 32314	2415 N. Monroe Tallahassee, FL	Street, Suite 810 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUSTAIN + SPAK		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on lited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp	a Georg	-mRFD 14 2020
	oany were filed on Serv	and assigned
Florida document number <u>V2000 287643</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	20
		. 2
		: ₹
Enter new mailing address, if applicable:		. 22
• • • • • • • • • • • • • • • • • • • •		T G
(Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:  Name of New Registered Agent:	lice address on our recoi	as, enter the name of the new registers
New Registered Office Address:	Enter Florida s	the set address
	Enter Pioriaa s	treet address
		, Florida
	City	Ztρ Code
Sew Registered Agent's Signature, if changing Registered Ag	gent:	
hereby accept the appointment as registered agent and ovisions of all statutes relative to the proper and composept the obligations of my position as registered agent ag filed to merely reflect a change in the registered of pany has been notified in writing of this change.	plete performance of my t as provided for in Cha <sub>l</sub>	duties, and I am familiar with and oter 605, F.S. Or, if this document is
īī	Changing Registered Agent,	Signature of New Registered Agent

... 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>	Name	Address	Type of Action
AMBR	CAROLYN CANCEGILIA	1989 HARBOR VIEW CIRCLE	□Add
		WESTON FL 33327	□Remove
			K Change
			□Add
			🗆 Remove
			□Change 2021
<del></del>			2021 JAN 25 Remove
			:□Change
			□Add
			□Change
	····		□Add
		□Remove	
		<del></del>	□Change
			□Add
			□Remove
			□Change

<del></del>			<del></del>
			<del></del>
<del></del>			
			-
····			
			2021
			FIL JAN 22
			ED #:
			4: 2
			<u>†</u>
·	<del></del>		
<del></del>			<del></del>
ective date, if o	her than the date of filing:ed, the date must be specific and cannot be prior to date	(optional)	
te: If the date ins	ed, the date must be specific and cannot be prior to date erted in this block does not meet the applicable st date on the Department of State's records.	of filing or more than 90 days after filing.) Put tatutory filing requirements, this date will	rsuant to 605.020 not be listed a
ecord specifies a d is filed.	clayed effective date, but not an effective time, at	. 12:01 a.m. on the earlier of: (b) The 90	th day after th
ted			
	CHURA CAUGELIA		<del></del>
	Signature of a member or authorized	representative of a member	

Filing Fee: \$25.00