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SECRETARY OF STATE  
TALLAHASSEE, FL

2/23/21  
a

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Sparoh Wizard Ambers 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:

Jennifer Anderson

\_\_\_\_\_  
Name of Person

MyL.L.C.com, Inc.

\_\_\_\_\_  
Firm/Company

1910 Thomas Ave

\_\_\_\_\_  
Address

Cheyenne WY 82001

\_\_\_\_\_  
City/State and Zip Code

compliance@myllc.com

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

For further information concerning this matter, please call:

Jennifer Anderson

888 886-9552

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: Sparoh Wizard Ambers LLC

**SECOND:** The Florida Document number of the limited liability company is: 1.20000336584

**THIRD:** Document to be corrected is: Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Incorrect statement- The Name and Address of person authorized to manage LLC: Sheila Harris-typo in first name

Corrected Statement: Shelia Harris

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Typo in Organizers name- Sheila Harris

Corrected Name- Shelia Harris

**OR**

The electronic transmission of the record was defective.

Shelia Harris *Shelia Harris* 01/07/2021  
Signature of Authorized Representative Date

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.*

*Shelia Harris*  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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