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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certifica	tes of Status
Special Instructions to	Filing Officer:	
Special instructions to	rilling Officer.	
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21 SEF 20 PH I2: 39

COVER LETTER

Tallahassee. FL 32314

TO: Registration S Division of Co			
Spark Fue SUBJECT:	l & Alr small engine repair LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	 _
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Thomas Javor		
		Name of Person	
		Firm/Company	
	302 N Loxahatchee Drive		
		Address	
	Jupiter Fl 33458		
	thomasjavor67@comeast.ne		
For further information	econcerning this matter, please e	to be used for future annual report not all:	dification)
Thomas Javor		772 209-1442	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Section Corporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 63	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 SEP 20 PH 12: 39

Spark Fuel & Air small engine repair LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{06/02/2021}{1}$ _____ and assigned Florida document number L21000254255 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___ Cin

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.

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 21 SEF 20 PH 12: 39 AMBR = Authorized Member <u>Address</u> Type of Action Title Name AMBR Thomas Javor 302 N Loxahatchee Drive Jupiter Fl 33458 $\blacksquare Add$ ______ □ Remove _____ □Change MGR THOMAS JAVOR 3D2 N Loxaratches Dr BAdd
Supiter, FL 33458 _____ □Remove □Remove □Add _____ □Change □Add _____ □Remove _____ □Remove _____ □Change

	21 SC# 20 PH 12: 39
Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing or m	(optional)
f an effective date is listed, the date must be specific and cannot be prior to date of filing or m Note: If the date inserted in this block does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to 605.0207 g requirements, this date will not be listed as
document's effective date on the Department of State's records.	6 4
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) The 90th day after the
rd is filed.	
. 09/14/2021	
Dated	
ha ha comments	
Signature of a member of authorized representative	of a member
Signature of a memory additional representative	

Filing Fee: \$25.00