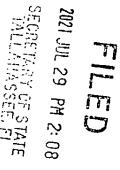
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Office Use Only



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COVER LETTER

Registration Section

Division of Co	rporations			
MTKS SPA	ARKLE & SHINE LLC			
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Pam Myers			
		Name of Person		
	Pam Myers Tax Service			
		Firm/Company	- IVI	FILED 2021 JUL 29 PM 2: 08
	1691 Main Street Suite 3			
		Address	درگذرین و چند درخت میکند از میکندر این از میکندر این از میکندر	101 29
	Chipley, FL 32428		200	E M
	josephdpamela@bellsouth.	City/State and Zip Code	STAT	72.0
		to be used for future annual report noti	iri fication)	8(
For further information c	oncerning this matter, please c	all:		
Pam Myers		850 676-4373		
Name o	f Person	Area Code Daytina	e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	(1) \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is er	tus &
<u>Mailing Addres</u> Registration S	Section	Street Address: Registration Sec		
Division of C P.O. Box 632		Division of Cor The Centre of T		
Tallahassee, l			ananassee 2 Street, Suite 810	

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MKTS Sparkle & Shine LLC			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	<u>r as it now appears o</u> ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number L21000261563	vere filed on 06/04	1/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here	;	
MTKS Sparkle & Shine LLC			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the desig	gnation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		> <u>-</u>	22 32 30 70
		Ten 1	// / / / / / / / / / / / / / / / / / /
Enter new mailing address, if applicable:		ASS	t o
(Mailing address MAY BE A POST OFFICE BOX)		्रा ८	NU
Estating dualess may be a rost of thee boxy		72	000
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our reco	ords, <u>enter the name</u>	of the new register
Name of New Registered Agent:			,
New Registered Office Address:			
	Enter Florida	i street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
ter registeres regulatores a changing registeres registeres		pacity. I further agre	e to comply with t

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 = M $AMBR = A$	lanager authorized Member		
Title	Name	Address	Type of Action
			□Add
			☐ Change
		SECONO DE REMOVO	
			OR JUL 29
			2021 JUL 29 PM 2: 08 SECRETALIAHASSEE, FILE
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	, 		□AdJ
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	07/26/	2021		(
Tective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block beautient's effective date on the Department.	specific and cannot be does not meet the a	pplicable statutor	ng or more than 90 d ry filing requireme	_ (optional) lays after filing.) Pursu ents, this date will n	ant to 605,020 of be listed as
record specifies a delayed effective da is filed.	te, but not an effect	ive time, at 12:0	l a.m. on the earli	er of: (b) The 90th	day after the
July 26	2021	<u> </u>			
Scton	nature of a member or	10N			

Filing Fee: \$25.00