

L21000281553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

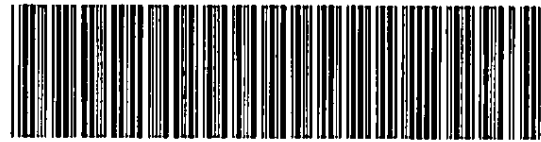
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2021 AUG -3 PM 3:48
TALLAHASSEE, FL
STATE OF FLORIDA
DEPARTMENT OF REVENUE

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D BRUCE
AUG 14 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 AUG -3 PM 12:15

July 21, 2021

TRACY A NESSL
12331 N.W. 29 MANOR
SUNRISE, FL 33323

SUBJECT: SPARCS, LLC (STRATEGIC PROFESSIONAL & RELIABLE
CONSULTING SERVICES)
Ref. Number: L21000281553

We have received your document for SPARCS, LLC (STRATEGIC PROFESSIONAL & RELIABLE CONSULTING SERVICES) and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Page one and page three are missing on this amendment. To be able to file an amendment it has to be a complete form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham
OPS

Letter Number: 221A00016910

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SECTION 605.0203(1)
TALL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPARCS, 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:

Tracy A Nessl

Name of Person

SPARCS, LLC

Firm/Company

12331 NW 29 Manor

Address

Sunrise, FL 33323

City/State and Zip Code

Spares321@gmail.com

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

For further information concerning this matter, please call:

Tracy A Nessl

Tracy A Nessl

Name of Person

954 6633959

at ()

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

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TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SPARCS LLC (Strategic Professional & Reliable Consulting Services)
(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 6/17/2021 and assigned Florida document number L21000281553

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TeeNC, LLC
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:

NA
(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

NA
(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:

JOHN O NESSL

New Registered Office Address:

12331 NW 29 MANOR

Enter Florida street address

SUNRISE

City

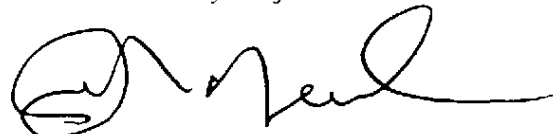
Florida

33323

Zip 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.



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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tracy Nessler	12331 NW 29 Manor	<input checked="" type="checkbox"/> Add
		Sunrise, FL 33323	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	John Nessler	12331 NW 29 Manor	<input type="checkbox"/> Add
		Sunrise, FL 33323	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Sean Nessler	461 Chandler Drive Street	<input type="checkbox"/> Add
		St Johns, FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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201 AUG -3 PM 3:40
TALLAHASSEE, FL

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tracy Nessler <i>Tracy Nessler</i>	12331 NW 29 Manor	<input checked="" type="checkbox"/> Add
		Sunrise, FL 33323	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	John Nessler <i>John Nessler</i>	12331 NW 29 Manor	<input type="checkbox"/> Add
		Sunrise, FL 33323	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Sean Nessler	461 Chandler Drive Street	<input type="checkbox"/> Add
		St Johns, FL 32259	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FL
SECRETARY OF THE
STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

- Change Tracy A Nessel From Registered Agent to Authorized Person/Manager
- Change John O Nessel From AP to RA
- Remove Sean Nessel as AP

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SOUTHERN
TALLAHASSEE FL

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 10, 2021.

Tracy A Nessel

Signature of a member or authorized representative of a member

TRACY A NESSEL

Typed or printed name of signer