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SECRETARY OF STATE

COVER LETTER

TO:

TO: Registration Section Division of Corporations	
	Stha Sparkle LLC Liability Company
The enclosed Articles of Amendment and fee(s) are submit	tted for filing.
Please return all correspondence concerning this matter to	the following:
Toshika L	HOYA JOHNSON Name of Person
Diamond Smi	ile With a Sparlie LLC Firm/Company
7749 NOIMA	Ndy BIND #121-634 Address
Jacksonville	City/State and Zip Code Mer Cey & Yahoo Com De used for future annual report notification)
Crace and E-mail address: (to be	Mercey & YAhoo. Com be used for future annual report notification)
For further information concerning this matter, please call:	
Toshika Lataya Johnson Name of Person	at (904) (007-(5179) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \$30.00 Filing Fee \$\times \text{Certificate of Status}\$	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 DEC 17 AM 10: 12

Name of New Registered Agent: New Registered Office Address:	Enter Florida street a	ddress _ Florida Zip Code
	Enter Florida street a	chlress
Name of Nam Basistanud Aganti		
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new reg
Hadding diddress MAT BL A FOST OFFICE BOX)		
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		
Principal office address MUST BE A STREET ADDRESS		PL 30010
nter new principal offices address, if applicable:	5306 Brigh	ton Park Lone C FL 32210
ne new name must be distinguishable and contain the words "Limited Liabil		
Incredible Smiles		
. If amending name, enter the new name of the limited liabi	lity company here:	
his amendment is submitted to amend the following:		
lorida document number <u>L21000281565</u>		
	were filed on June	7+42021 and assigned
he Articles of Organization for this Limited Liability Company		

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□ Change
			□Add
			□Change
			\ \ \ \ _ \Add
			□Remove
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r an effec <u>Note:</u> T	re date, if other than the date of filing: 12/8/2021 (optional) ctive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
record d is file	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
	8th December 2021
Dated _	
Dated _	22-
Dated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00