121000349447

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A. BUTLER

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COVER LETTER

	egistration Se ivision of Cor		•		• •					
SUBJECT		JPPLEMENT LLC		•	•					
Name of Limited Liability Company										
Th		A	15 GP							
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.							
Please retur	rn all correspo	ndence concerning this matter	to the following:							
		GABRIEL E CORONEL								
		-	Name of Perso	n						
		SPARK SUPPLEMENT L	LC							
			Firm/Company	,						
		8800 NW 97 AVE APT 20	03							
			Address							
		DORAL,FL 33178								
		GABRIEL.C42@GMAIL.C	City/State and Zip (Code						
			to be used for future as	nnual report notifi	cation)					
For further	information co	oncerning this matter, please ca	all:							
GABRIEL	CORONEL		1 at (3055829898						
	Name of	Person	Area Code	Daytime	Telephone Number					
Enclosed is	a check for th	e following amount:								
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	ру	☐ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPARK SUPPLEMENT LLC

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) 10 111 2 3 1 Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L21000349447	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8800 NW 97 AVE SUITE 203
(Principal office address MUST BE A STREET ADDRESS)	DORAL,FL 33178
Enter new mailing address, if applicable:	525 CAMPUS ST
(Mailing address MAY BE A POST OFFICE BOX)	CELEBRATION.FL 34747
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address

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.

City

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>	Address	Type of Action
AMBR	GONZALEZ,LAURA		□ Add
		8800 NW 97TH AVE APT 203 DORAL,FL33178	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ective date, if other than the	date of filing:		(optional)	
effective date is listed, the date must te: If the date inserted in this bloom	ock does not meet the applica	o date of filing or more ble statutory filing r	than 90 days after filing.) Pur equirements, this date will	suant to 605.020 not be listed as
ument's effective date on the De	partment of State's records.			
cord specifies a delayed effective	date but not an effective tin	ne at 12:01 a.m. on	the earlier of: (h) The 90	th day after the
s filed.	date, but not an effective in	10, at 12.01 a.m. on		ar day arter die
10/13/2021	6:30AM			
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		/ /		
	Signature of a member or author	rized representative of	a member	·