

121000349447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

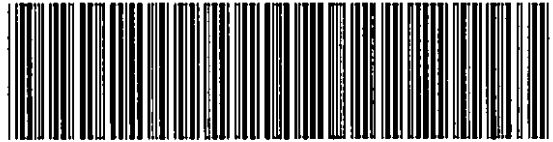
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

D. BRUCE  
FEB 25 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPARK SUPPLEMENT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GABRIEL CORONEL

Name of Person

SPARK SUPPLEMENT LLC

Firm/Company

525 CAMPUS ST

Address

CELEBRATION FL 34747

City/State and Zip Code

GABRIEL.C42@GMAIL.COM

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

For further information concerning this matter, please call:

GABRIEL CORONEL

Name of Person

at ( 1 )

Area Code

3055829898

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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

SPARK SUPPLEMENT 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 08/03/2021 and assigned  
Florida document number 121000349447.

This amendment is submitted to amend the following:

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

VIDA SUPPLEMENT 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:**

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

525 CAMPUS ST

CELEBRATION FL 34747

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

525 CAMPUS ST

CELEBRATION FL 34747

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TALLAHASSEE, FL

**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

*City*

*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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FOREST COUNTY CLERK  
TALLAHASSEE, FL

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SECRETARY OF STATE  
TALLMAN/SECSTATE

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SECRETARY OF STATE  
TALLAHASSEE FL

(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)

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 02/08/2021 at 6:30 AM

Signature of a member or authorized representative of a member

GABRIEL CORNWELL

Typed or printed name of signee