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COVER LETTER

TO:

Registration Section

Division of Co	orporations		*	•	
SUBJECT:	Sheffa	Sparkles, LLC		•	
SOUVILLET.	Name of Lin	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Aviva Zinberg			
		Name of Person			
		Sheffa Sparkles, LLC			
	_	Firm/Company	·		
		22344 Pineapple Walk Dr.			
		Address			
		Boca Raton, FL 33433			
		City/State and Zip Code			
		Sheffasparkles@gmail.con			
		to be used for future annual r	eport notification)		
For further information	concerning this matter, please of	all:			
	ı Zinberg	at (561)	674-5646		
Name	of Person	Area Code	Daytime Telephone Ni	ımber	
Enclosed is a check for t	he following amount:			2021 DE SECRE TALI	are;
№ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cer osed) Cert	00 Filing Fee. Status & ifficate of Status & iffied Copy: 5 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	genta 2
Mailing Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Division The Cen	dress: tion Section of Corporations tre of Tallahassee Monroe Street, Sui	te 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sheffa Sparkles LLC

(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears	on our records.)	17 1/2 T
(A rionga Li	inined isability Company)		Ships of
The Articles of Organization for this Limited Liability Con	npany were filed on	10/25/2021	and assigned assigned and assigned and assigned assigne
Florida document number <u>L21000464243</u>			1 1.1
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the de-	signation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
The state of the s	·		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our rec	cords, <u>enter the nar</u>	ne of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered A	<u>Ngent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performance of n nt as provided for in Ch	ny duties, and Lam papter 605, F.S. Or	familiar with and , if this document is
ī	If Changing Registered Ager	it, Signature of New Re	egistered 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
MGR	Natalie Tanami	22344 Pineapple Walk Dr	□ Add
		Boca Raton, FL 33433	⊠ Remove
			□ Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			□Add
			□Remove
			□ Chanee

ii amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
 		
an effective of lote: If the	te, if other than the date of filing:	
record speci	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ated	December 7 2021 .	
_	Signature of a member or authorized representative of a member	
	Natalie Tanami	
	Typed or printed name of signee	

Filing Fee: \$25.00