

122000064174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

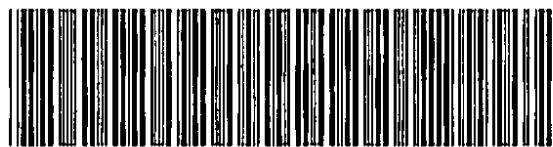
PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

**Special Instructions to Filing Officer:**



300393240633

2022 AUG 29 8:34

۷۰

A. BUTLER  
NOV 30 2022

Office Use Only

## COVER LETTER

TO: Registration Section  
Division of Corporations

**SUBJECT:** Sparks Safety & Construction LLC Name of Limited Liability Company

The enclosed Articles of Amendment and see(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Therysa Brito Sparks

Name of Person

---

**Firm/Company**

PO Box 1196

## Adresses

Bonita Springs, FL 34133

**City/State and Zip Code**

therysas@gmail.com

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

For further information concerning this matter, please call:

Therisa Brito Sparks 720 835-7474  
at ( ) Area Code Daytime Telephone Number  
Name of Person

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

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

Sparks Safety & Construction LLC

(Name of the Limited Liability Company as it now appears on our records) AUG 29 AM 8:34  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/07/2022 at 11:41 AM and assigned Florida document number L22000064174.

This amendment is submitted to amend the following:

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

Consultify 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)*

Enter new mailing address, if applicable:

(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:

**New Registered Office Address:**

*Enter Florida street address*

. Florida

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

**Managing Authorizer:** 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 checked="" type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove            |
|              |             |                | <input checked="" type="checkbox"/> Change |
|              |             |                | <input checked="" type="checkbox"/> Add    |
|              |             |                | <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            |
|              |             |                | <input checked="" type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove            |
|              |             |                | <input checked="" type="checkbox"/> Change |
|              |             |                | <input checked="" type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove            |
|              |             |                | <input checked="" type="checkbox"/> Change |

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

A sheet of white paper with horizontal ruling lines. A large, faint, hand-drawn 'X' is drawn across the center of the page. The 'X' is composed of two lines that intersect in the middle. The lines are thin and have a slightly irregular, hand-drawn appearance. The rest of the page is empty and contains only the standard horizontal ruling lines.

**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 8/21, 2020

8/21, 2022

Signature of a member or authorized representative of a member

Therysa Brito Sparks

Typed or printed name of signee