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## **COVER LETTER**

TO:

Sparking Sparking	Rae's Cleaning Services LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
	Ruth A Reeves			
		Name of Person		
Name of Person				
			Address	· <del></del>
	Clearwater, FL 33761			
	<del> </del>	City/State and Zip Code		
	<del>= -</del>			
	E-mail address: (	to be used for future annual report not	lification)	
For further information	concerning this matter, please c	all:		
Name	of Person	Area Code Daytin	nc Telephone Number	
Enclosed is a check for	the following amount:			
<b>■ \$25.00</b> Filing Fee	-	Certified Copy	Certificate of Status &	
			:	
•		_	_	
Tallahassee,	FL 32314			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sparking Rae's Cleaning Services 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  $\frac{10/10/2022}{2}$ and assigned Florida document number L22000434742 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sparkling Rae's Cleaning Services 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 re agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

## 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 amending Authorized Person(s) authorized to manage, <u>enter the fitle, name, and address of each person\_being\_ador removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	date, if other than the date of filing: (optional)
	ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocumen	's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed	
, N	ovember 2 2022
Dated	
	Mandard Stile corplains
	Signature of a member or authorized representative of a member
	signature of a monitor of adjusting a type semante of a monitor
	Raechael A Fitzgibbon

Filing Fee: \$25.00