

L22000456496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

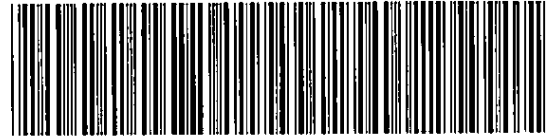
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MAR - 9 2023

## COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: J. F. SPARKS LOGISTICS LLC  
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gentry Sparks  
Name of Person

J. F. SPARKS LOGISTICS LLC  
Firm/Company

5343 Falling Star Rd  
Address

TALLAHASSEE, FLA 32303  
City, State and Zip Code

SPARKSPAINTING75@GMAIL.COM  
E-mail address (to be used for future annual report notification)

For other information concerning this matter, please call:

Gentry Sparks at (850) 212-1354  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$15.00 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

J. F. SPARKS LOGISTIC LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 10/24/82 and assigned  
to document number L 2200456496

an amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

JF SPARKS Logistics LLC

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)

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:

Gentry SPARKS

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip Code*

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 understand 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



[illegible]

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.

Dated March 9, 2023

Typed or printed name of signee

**Filing Fee: \$25.00**