Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*.

Email Address:	
	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIRTUAL SPARK LLC

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Page Count	04
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i1/30/2023_10:45:31 PST

To: 18506176383

Page: 2/4

From: Registered Agents Inc.

Fax: 8134365206 ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

Virtual Spark LLC				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records Liability Company)	7)		
he Articles of Organization for this Limited Liability Company	were filed on 11/09/22	and assigned		
lorida document number L22000480686				
his amendment is submitted to amend the following:				
. If amending name, <u>enter the new name of the limited liab</u>	ollity company here:			
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."		
nter new principal offices address, if applicable:	11612 Bedford Ct			
Principal office address MUST BE A STREET ADDRESS)	Germantown, MD. 20876			
nter new mailing address, if applicable:	11612 Bedford Ct			
failing address MAY BE A POST OFFICE BOX)	Germantown, MD, 20876			
If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter t</u>	the name of the new regis		
New Registered Office Address:	Enter Florida street address			
		က် ယူ		
	Fla	rida <u></u> 😊		

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.

11/30/2023 10:45:31 PST

To: 18506176383

Page: 3/4

From. Registered Agents Inc.

Fax: 8134365206

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>	Name	Address	Type of Action
AMBR	REHMAN, ABDUL	7901 4TH ST. N STE 11650	
		ST. PETERSBURG, FL 33702	 ⊠ Remove
			☐ Change
AMBR	Saif Johar	11612 Bedford Ct	ØAdd
		Germantown, MD, 20876	□Remove
			□Change
			□Add
			□Remove
			ПСhange
			FlAdd
			Remove
			☐ Change
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			🗀 Remove
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			□ Change

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Effective date, if other than the offer an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	he specific and cannot be priced does not meet the appl	or to date of filing or n icable statutory filir	(optiona nore than 90 days after filir og requirements, this da	g.) Pursuant to 605,0207 (3
e record specifies a delayed effective and is filed.	date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	he 90th day after the
Dated November 30	. 2023			
	Signature of a member or aut	wy my	/	
		t		