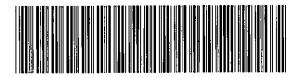
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(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
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(Document Number)	:
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COVER LETTER

Division of Cor	porations		
SUBJECT:		Artisan LLC ited Liability Company	
	, wante with the	ned Princing, Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Tomas Salto Name of Person	
		Λ	
		Firm/Compan	
	382 NE 191	St PMB 627891	
	Mami, FL	orida US 33179 City/State and Zip Code	
	Salto_toma E-mail address: (City/State and Zip Code S A Not Mul. Com to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c		
Tomus Name o	Sulto Terson	at (<u>786</u>) <u>305 \0</u>	Telephone Number
Enclosed is a check for the	he 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:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

 $\Lambda / \Lambda I$

Stain Scal Arlisan	FFC	
(Name of the Limited Liability Comp. (A Florida Lumted	uny as it now appears on our records.) Liability Company)	 _
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Spark Claning and Mining The new name must be distinguishable and contain the words "Limited Liabi	LLC	obreviation "L.L C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	28501 SW 152nd Aug L Homestend, FL 33033	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	28501 SW 152nd Aue Hornesteud, FL 33033	Lut 250
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nan	2023 SEC
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address C. Florida -	_ E D 7 PM 4:
 	City	Zip Zip Kele

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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, 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
			□Add
		□Remove	
	-	\ \ \ \ \ \	
			□Add
			□Remove
			¬Add
			□Remove
			□Change
		□Remove	
			□Change
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			□Change

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fectiv	ve date, if other than the date of filing:
an effec <u>ote:</u> I	tive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocume	nt's effective date on the Department of State's records.
,	
recora i is file	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 d.
ated _	09/02/23
	Signature of a member or authorized representative of a member
	Tomas Salto
	Typed or printed name of signee