# 123000037277

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### COVER LETTER

. COVER BEITER
TO: Registration Section Division of Corporations
SUBJECT: ROBBINS NEST VEND LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Homob Robbins Name of Person
Robbins Nest Vend Firm/Company
III axestridae ctive
Tanchosse FL 32304 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HCM Robbins at (239) 895 – 1252  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & 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

# ROBBINS NEST VEND 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	e filed on $01/18/2023$ and assign	ied
Florida document number <u>L23000032277</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	
SOUTHERN SPARK'D 1	LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," 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)		
<del>-</del>		
B. If amending the registered agent and/or registered office address here:	ess on our records, enter the name of the new r	egistered
	ess on our records, enter the name of the new r	egistered
agent and/or the new registered office address here:	20 2 JU	egistered
<u>Name of New Registered Agent:</u>	ess on our records, enter the name of the new r	egistered
Name of New Registered Agent:  New Registered Office Address:	Finter Florida street address Florida	egistered
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	egistered
Name of New Registered Agent:  New Registered Office Address:	Finter Florida street address  Florida  City  Zip Tode	

If Changing Registered Agent, Signature of New Registered Agent

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
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e record specifies a c The 90th day after t	lelayed effective he record is filed	e date, but not a d.	an effective tim	e, at 12:01 a.m	. on the earl	lier ol
ated JUNE	Signature of	2024 a member or authori	20 Tepresentative of	a member		
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