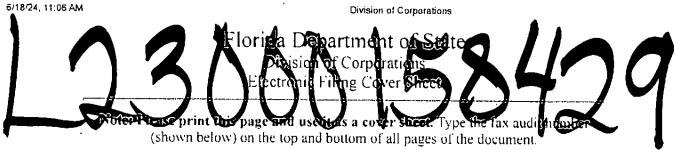
Division of Corporations



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Account Name : LEGALZOOM.COM INC.

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JUN 18 2024

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P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

TO: Registratio Division of	n Section Corporations		i
	O MIDI, PLLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Mike Town		
		Name of Person	
	Legalzoom.com, Inc.		∾ 1
		Firm/Company	24 JUN
	9900 Spectrum Dr		
	***************************************	Address	
	Austin, TX 78717		™ :
		City/State and Zip Code	: 50
	midirai@gmail.com		:
	E-mail address: (to be used for future annual report notif	ication)
For further information	on concerning this matter, please ca	all:	
Mike Town		800 773-0838	
Nar	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	S30.00 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)
Reg	AILING ADDRESS: gistration Section rision of Corporations	STREET/COURING Registration Section Division of Corpore	1

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STUDIO MIDI, PLLC		
(Name of the Limited Liability Com	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 03/29/2023	and assigned
Florida document number L23000158429		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Small Sparks LLC		
The new name must be distinguishable and contain the words "Limited List	hility Company," the designation "ELC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-
(Principal office address MUST BE A STREET ADDRESS)		22
		<u> </u>
Enter new mailing address, if applicable:		co υ -,≺
(Mailing address MAY BE A POST OFFICE BOX)		3
·		
:		-
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		iter the pame of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		
	, Florids	Zip Code

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 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>Títle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Article III: Other provisions, if any The sole and specific purpose for which the L	LC is organized
is to render the service of jewelry making	
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rtive date, if other than the date of filing: ffeedive date is listed, the date must be specific and cannot be prior to date of filing or more that If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records	(optional) n 50 days after filing.) Pursuant to 605.03 irements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time, e 90th day after the record is filed.	at 12:01 a.m. on the earlier
5 June 17 2024	
Malan Lo, De Car	•

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Filing Fee: \$25.00