L2300221850

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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06/20/24

COVER LETTER

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Tallahassee, FL 32314

TO:

TO: Registration Se Division of Cor				
	SWEEPERS LLC			
SUBJECT:	Name of Lim	ited Liability 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:		
	RINAY ZAHORIAN	•		
		Name of Person		
	TAX & FINANCIAL STR	ATEGISTS, LLC		
		Firm/Company		
	28089 VANDERBILT DR	IVE, SUITE 201		
		Address		***
	BONITA SPRINGS, FL. 3	34134	;	
	-	City/State and Zip Code		r.:
	RINAY@WONDERTAX.C			
		to be used for future annual report no	tification) つうし でする これの	2.3.J PH 12: 35
For further information c	oncerning this matter, please c	all:	FEA	. Ω . ω
RINAY ZAHORIAN		239 405-8395	ודו	i on
Name o	of Person		me 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)	S60.00 Filing Certificate of Certified Co (additional cop	of Status &
Mailing Addres Registration S		Street Address: Registration Se	ection	
Division of C		Division of Co		
P.O. Box 632		The Centre of	-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPARKLE SWEEPERS LLC

(Non-state 1 to 3 d to 1 to		
(Name of the Limited Liability Compa (A Florida Limited I	ns as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number L23000221850	were filed on 05/04/2023	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
PARKLE SWEEPERS & MORE, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		ر ده د
nter new mailing address, if applicable:		불사 급
Mailing address MAY BE A POST OFFICE BOX)		S.c. P :_
		TO TO
		구 35
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	iddress on our records, <u>enter the</u>	111 -
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	aZiv Code
	50.01g	ray with

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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Add
			☐ Remove
-,			Change Ch
			□Remove
			□Change
			□Add
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			<u> </u>	presentative of a mem			
Dated _	MAY ISTH	1 2	24	`			
d is file				12:01 a.m. of the ea	na v: (D) IB	. PULL C	es auci me
	ent's effective date on the I			12:01 a.m. on the	dier of the Th	, Q∩ok -4	lav sflav Ha
Note: I	cuive date is listed, the date mulf the date inserted in this bant's effective date on the I	olock does not meet	the applicable st	of filing or more than 9 atutory filing require	0 days after filing.) ments, this date	Pursuar Will not	at to 605.0207 t be listed as
Effectiv	ve date, if other than th	e date of filing: _			(optional)		
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Filing Fee: \$25.00