

L23 000 228 578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700426794757

04/01/21--01032--017 \*\*25.00

FILED  
2021 APR -1 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Spark Media Management LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zachary McDermott

Name of Person

Spark Media Management

Firm/Company

10479 Gandy Blvd N Apt 3214

Address

Saint Petersburg, FL 33702

City/State and Zip Code

zach@sparkmediamanagement.com

E-mail address: to be used for future annual report notification

FILED  
2024 APR -1 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Zachary McDermott

Name of Person

at ( 785 ) 951-0242

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**

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**

Spark Media Management 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 filed on 5/9/2023 and assigned  
Florida document number 92-3941036.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," 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)

FILED  
2024 APR -1 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

City

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>Title</u>                                        | <u>Name</u>       | <u>Address</u>                                         | <u>Type of Action</u>                      |
|-----------------------------------------------------|-------------------|--------------------------------------------------------|--------------------------------------------|
| manager-managed                                     | Zachary McDermott |                                                        | <input type="checkbox"/> Add               |
|                                                     |                   |                                                        | <input type="checkbox"/> Remove            |
| *change title from 'Title CEO' to 'manager-managed' |                   | 10479 Grand Blvd N Apt 3214 Saint Petersburg, FL 33702 | <input checked="" type="checkbox"/> Change |
|                                                     |                   |                                                        | <input type="checkbox"/> Add               |
|                                                     |                   |                                                        | <input type="checkbox"/> Remove            |
|                                                     |                   |                                                        | <input type="checkbox"/> Change            |
|                                                     |                   |                                                        | <input type="checkbox"/> Add               |
|                                                     |                   |                                                        | <input type="checkbox"/> Remove            |
|                                                     |                   |                                                        | <input type="checkbox"/> Change            |
|                                                     |                   |                                                        | <input type="checkbox"/> Add               |
|                                                     |                   |                                                        | <input type="checkbox"/> Remove            |
|                                                     |                   |                                                        | <input type="checkbox"/> Change            |
|                                                     |                   |                                                        | <input type="checkbox"/> Add               |
|                                                     |                   |                                                        | <input type="checkbox"/> Remove            |
|                                                     |                   |                                                        | <input type="checkbox"/> Change            |
|                                                     |                   |                                                        | <input type="checkbox"/> Add               |
|                                                     |                   |                                                        | <input type="checkbox"/> Remove            |
|                                                     |                   |                                                        | <input type="checkbox"/> Change            |

2024 APR 11 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\*only need title changed from "TITLE CEO" to  
"manager-managed" as I accidentally filed that  
part incorrect in my annual report.

FILED  
2024 APR -1 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated March 26 2024



Signature of a member or authorized representative of a member

Zachary McDermott

Typed or printed name of signer