Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230002184013)))



H230002184013ABCV

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPARK2IGINITE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2	iş i	
Spark2Iginite, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	<del></del>
		and assigned
The Articles of Organization for this Limited Liability C	company were med on	and assigned
Florida document number L23000237353	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Spark2Ignite, LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
		20
Enter new mailing address, if applicable:		2023
• • • • • • • • • • • • • • • • • • • •		2
(Mailing address MAY BE A POST OFFICE BOX)		. 9 .
	***************************************	
D. If an all and a section of the se	1 50	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	a office address on our records, enter the f	••
		94
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
<del></del>	, Florida	Zip Code

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

٧,

\*

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			□Add
			□Remove
			□Change
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			DChange
			Remove
			□Change
			□ Add
			□Remove
			Change

<u>/</u>	Signature of	f a member or au	thorized repres	sentative of a n	ember		
Dated 06/19	- Sy	- : <del>: : : : :</del>					
ord is filed.		2023					
e record specifies a delayed ef	fective date, but i	not an effective	time, at 12:0	I a.m. on the	earlier of: (b)	The 90th d	lay after the
Note: If the date inserted in to document's effective date on	his block does no the Department o	of meet the app of State's record	licable statute ls.	ory filing requ	irements, this	date will not	be listed as
Effective date, if other than	te must be specific:	and cannot be pri	or to date of fil	ing or more tha	(option 90 days after	filing.) Pursuar	nt to 605.0207
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