

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L23000273856 438**

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.

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : PROFESSIONAL SERVICES  
Account Number : I20040000024  
Phone : (786)303-5010  
Fax Number : (305)403-1061

\*\*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  
SPARK MIA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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RECEIVED

2023 AUG -7 PM 3:39

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 AUG -7 AM 7:48

APPROVED  
AND  
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

TO: Registration Section  
Division of Corporations

423 000.2738563

SUBJECT: SPARK MIA 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:

FRANK DIAZ

\_\_\_\_\_  
Name of Person

PROFESSIONALSERVICES LLC

\_\_\_\_\_  
Firm/Company

3006 AVIATION AVENUE # 3A

\_\_\_\_\_  
Address

MIAMI, FLA 33133

\_\_\_\_\_  
City/State and Zip Code

professionalservices55@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK DIAZ

\_\_\_\_\_  
Name of Person

786 303-5010  
at ( ) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 MIA 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 MAY 24, 2023 and assigned Florida document number L23000255438.

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)

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

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AND  
FILED  
2023 AUG -7 AM 7:48  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added, changed, or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FELICITO D. RODRIGUEZ	3006 AVIATION AVE 3A	<input checked="" type="checkbox"/> Add
		MIAMI, FLA 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JORGE J. RODRIGUEZ	3006 AVIATION AVE 3A	<input checked="" type="checkbox"/> Add
		MIAMI, FLA 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUAN F. RODRIGUEZ	3006 AVIATION AVE 3A	<input checked="" type="checkbox"/> Add
		MIAMI, FLA 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSE E. RODRIGUEZ	3006 AVIATION AVE 3A	<input checked="" type="checkbox"/> Add
		MIAMI, FLA 33133	<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

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

[illegible]

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

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)  
\_\_\_\_\_ (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 JULY 26, 2023

Signature of a member or authorized representative of a member

JOSEFINA F. TUR

Typed or printed name of signee

**Filing Fee: \$25.00**