

L23000298329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2023 AUG 18 PM 12:40
DIVISION OF CORPORATIONS
STATE OF MONTANA

08/18/23

R. MONT

08/18/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPARKLE MULTISERVICES TEAM 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:

Ramon G. Lago

Name of Person

SPARKLE MULTISERVICES TEAM LLC

Firm/Company

10239 NW 9TH ST CIR209

Address

Miami, FL 33172

City/State and Zip Code

sparkleteamfl@gmail.com

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

For further information concerning this matter, please call:

Ramon G. Lago

502

684-1553

at ()

Name of Person

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

2023 AUG 18 PM 12:40
CLERK OF COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SPARKLE MULTISERVICES TEAM 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 06/20/2023 and assigned
Florida document number L23000298329.

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:

Liannis Ramirez

New Registered Office Address:

3979 Adra Ave

Enter Florida street address

Doral

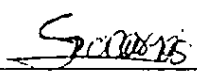
City

Florida 33178

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>
AMBR	Ramon G. Lago	10239 NW 9TH ST CIR209. Miami, FL 33172	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Liannis Ramirez	3979 Adra Ave. Doral, FL 33178	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Aldo M. Sanchez	10239 NW 9TH ST CIR209. Miami, FL 33172	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Aldo M. Sanchez	10239 NW 9TH ST CIR209. Miami, FL 33172	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF STATE
CORPORATION

2020 AUG 18 PM 12:40

RECEIVED
CLERK OF SUPREME COURT
DIVISION OF CONSERVATION
2023 AUG 18 PM 12:40

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.

Dated August, 15 2023

Yurisay Ramirez

Typed or printed name of signee

Filing Fee: \$25.00