L23000318523

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COTENDETIEN

Registration Section
Division of Corporations

TO:

Hart & Sparks Venues, LLC SUBJECT: Name of Lim		ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Rhonda Rena Hart-Sparks			
		Name of Person		
	Hart & Sparks Venues, LL	С		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	701 Moore Avenue			
		Address		
	Jacksonville, Florida 3220	8		
		City/State and Zip Code		
	Hart.Sparks.Venues@gmail			
E-mail address:		to be used for future annual report not	ification)	
For further information con	ncerning this matter, please ca	all:		
Rhonda Rena Hart-Sparks		904 933-7679 at ()		
Name of Person		Area Code Daytin	ne 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		Street Address: Registration Se Division of Co		
P.O. Box 6327		The Centre of		
Tallahassee, FL 32314		2413 N. MONTO	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION

Florida document number L23000318523 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Hart & Sparks Venues, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailling 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 regagent and/or the new registered Office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an	•				7 · 5
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provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an	New Registered Agent's Signature, if changing Reg	istered Agent:		•	
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability	provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg	and complete per ered agent as pro gistered office ad	rformance of my du vided for in Chapte	ities, and I am er 605, F.S. Or,	familiar with and if this document is
company has been notified in writing of this change.	company has been notified in writing of this ch	ange.			

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>	Address	Type of Action
			□Add
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
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			□Change
			□Add
			□Remove
			Change

ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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recon	I 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 ed.
ated	
	Signature of a member or authorized representative of a member
	Rhonda Rena Hart-Sparks
	Typed or printed name of signee