L240000 15585

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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Co	orporations		
Cierra Tu			
SUBJECT:	Name of Lim	sited Liability Company	
The enclosed Articles o	of Amendment and fcc(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Cierra Turner		
		Name of Person	
	Cierra Turner LLC		
		Firm/Company	·
	6413 Torrington Cir		
		Address	
	Lakeland/FL 33811		
		City/State and Zip Code	
	cierraturner29@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please concerning this matter, please concerning this matter.	all:	
Cierra Turner		813 9668849 at ()	
Name	of Person	Area Code Daytim	e 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 Addro Registration		<u>Street Address:</u> Registration So	ction
Division of	Corporations	Division of Cor	porations
P.O. Box 63	27	The Centre of 1	lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Cierra Turner, LLC			
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our I Liability Company)	records.)	
he Articles of Organization for this Limited Liability Compan	y were filed on	and assigned	
lorida document number L24000015585			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited lia	bility company here:		
Social Spark LLC			
he new name must be distinguishable and contain the words "Limited Lial	oility Company," the designatio	n "LLC" or the abbreviation "L.L.C."	
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		2024 FE TT	
		3	
inter new mailing address, if applicable:		95 - M	
Mailing address MAY BE A POST OFFICE BOX)			
		FE ÿ	
i. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records,	enter the name of the new regis	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	·····	, Florida Zip Code	

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		not applicable		
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□ Add	
			□Remove	
			🗆 Change	
			□ Remove	
			□Change	
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Effective date, if other than the date an effective date is listed, the date must be selective. If the date inserted in this block alocument's effective date on the Department.	loes not meet the applicab	date of filing or more than the statutory filing require	(optional) 00 days after filing.) Pursuant ements, this date will not b	to 605,020 be listed as
e record specifies a delayed eff The 90th day after the record		an effective time, a	t 12:01 a.m. on the	earlier o
Pebruary 2	2024			
Cian	ature of a member or authoriz	and representative of a more	sher	
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