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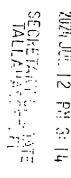
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COVER LETTER ·

TO:

		s.	
SUBJECT.	Sparkoting	Marketina	I.C
SUBJECT:	Name of Limi	ited Liability Company	
	J		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Chiry	Name of Person	······
Division of Corporations SUBJECT: Spackfing Marketha Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Characa Zama Registration Section Division of Corporations SUBJECT: Spackfing Marketha LC Name of Liability Company Liability Company Liability Company Liability Company Amend Actives Address The Aliability Company Liability Company Liabi			trall C
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	Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. Il correspondence concerning this matter to the following: Character Address The Land Address The Land Address Character Address: The Character Area Code Certificate of Status Certified Copy The Address: Street Address: Street Address: Street Address: Street Copy The Copy of the Copy of the Copy of the Copy The Copy of the Copy	•	fication)
For further information c	oncerning this matter, please ca	ill:	<u> </u>
Chi	oura Zonni	31 S13, 96-	7-7664 m =
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			oti on
•		-	
P.O. Box 632	7		•
Tallahassee, l	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	7 7 7
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi .	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	110 Alamedact, Unit 231 Tampa, FL 33609
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33609
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
New Registered Office Address:	Alameda (+ Unit 23/ Enter Florida street address

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 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
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