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2024 HOV 21 PH 3: 50 SECRETARY OF STATE TALL AHASSEE, FL

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COVER LETTER

Division of Cor			
Sensory Sp	oarks, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Melissa Kramer		
		Name of Person	. · · · ·
	Sensory Sparks, LLC		
		Firm/Company	
	1725 Art Museum Drive		
		Address	
	Jacksonville, FL 32207		
		City/State and Zip Code	
	mkramer@gtbjax.org		7. 03S
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please ca	all:	SECRETARY OF TALLAHASSE
Melissa Kramer		904 379-6045 at (-)	SECRETARY OF STALLAHASSEE
Name o	of Person	Area Code Daytime Telephone Nur	nber SATE
Enclosed is a check for the	he following amount:		•
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	O Filing Fee, ficate of Status & fied Copy found copy is enclosed)
Mailing Addres	Section	Street Address: Registration Section	
Division of C		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sensory Sparks, LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records.) Torida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number 1.24000438713	lity Company were filed on 10/14/2024	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	······································
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)		SECRETARY OF TALLAHASS
B. If amending the registered agent and/or registered office address h	stered office address on our records, <u>enter the n</u> ere:	ame of the new registered
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 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
AMBR	Trusting Him Inc	1725 Art Museum Drive, Jacksonville, FL 32207	≡ Add
			Remove
			□Change
			□Add
			□Remove
			SEDANOV 2 be
			Remove PH SSECTION OF THE SSEC
			FL DAdd
			□Remove
			□Change
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			Change

			
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ective date, if other than the effective date is listed, the date muster. If the date inserted in this blowment's effective date on the Do	be specific and cannot be prior to date o ock does not meet the applicable stat	(option) filing or more than 90 days after futory filing requirements, this	iling.) Pursuant to 605.0207 (3
cord specifies a delayed effective s filed.	edate, but not an effective time, at 1	2:01 a.m. on the earlier of: (b)	The 90th day after the
November 15 ed	. 2024		
Milissa	Knamer Signature of a member or authorized rep	resentative of a member	
	Secretary of a monthly of audionized by		