N15000010100

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TO: Amendment Section Division of Corporations

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Emergent P	roiccis.	inc.

NAME OF CORPORATION:				
N15000010	100			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee a	re submitted for filing.			20211:9" 24 PN 4:
Please return all correspondence concerning thi	s matter to the following:			<u>0</u> .7
Addie Kopsidas				21,
	(Name of Contact	Person)	 .	
Granderson Des Rochers, LLP	(CAMPLE OF SOMME	. 0.5011)		և ։ 2 և
	(Firm/ Compa	ny)		
150 S. Rodeo Drive, Suite 300				
	(Address)	 		_
Los Angeles, CA 90212				
	(City/ State and Zi	p Code)		
addie@gdrfirm.com				
E-mail address: (to b	e used for future annual r	eport notification	on)	
For further information concerning this matter,	please call:			
Addie Kopsidas		917-985-6890		
		at		
(Name of Contact	Person)	(Area Code)	(Daytime Te	lephone Number)
Enclosed is a check for the following amount m	nade payable to the Florida	a Department o	f State:	
□ \$35 Filing Fee □\$43.75 Filing F Certificate of \$		Certi r is Certi (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)	CHECK WAS ALREADY SENT AND AT YOUR OFFICE
Mailing Address	Ç	itreet Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Emergent Projects, Inc.

(Name of Corporation as currently filed with the Florida N15000010100	Dept. of State)	
(Document Numb	per of Corporation (if	known)
Pursuant to the provisions of section 617.1006. Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora Sparks Fund, Inc.	tion:	The new
name must be distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name.	ation" or "incorpora	
	N/A	
B. Enter new principal office address, if applicable:		<u>>∪ 2</u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>) N/A 	FOR NOV
	N/A	1.4.5.3.2.4.1 1.4.5.3.2.4.1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	87 - 10 (18 18 18 18 18 18 18 18 18 18 18 18 18 1
	N/A	TALE DRID
	N/A	3>
D. If amending the registered agent and/or registered off	ice address in Floric	la, enter the name of the
new registered agent and/or the new registered office a	address:	
N/A <u>Name of New Registered Agent:</u>		
N/A		
		(Ct., t t., + 1)
New Registered Office Address:		(Florida street address)
N/A		N/A
1074		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		pt the obligations of the position.
	lignature of New Reg	istered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	N/A	N/A	N/A
Remove			
2) Change Add		_	
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	ng additional Arti	icles, enter change(s) here: (Be specific)	
N/A			

	 	
		
	N/A	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
N/A		
Effective date if applicable:	(no more than 90 days after amendme	and Gladues
Note: If the date inserted in this blod document's effective date on the Dep	ck does not meet the applicable statutory file artment of State's records.	ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adwas/were sufficient for approva	opted by the members and the number of v	otes cast for the amendment(s)

adopted by the board of directors.
Dated
Signature
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Carlos Cusco
(Typed or printed name of person signing)
Manager / PD
(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were