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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Speaking Sparks NAME OF CORPORATION:	, Inc.			_
N22000004009 DOCUMENT NUMBER:				_
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this r	natter to the following:			
Corliss Taylor				
	(Name of Contact Perso	n)		_
	(Firm/ Company)			_
16914 Secret Meadow Drive				
	(Address)	•		_
Odessa, Florida 33556			202	
crtvictory@gmail.com	(City/ State and Zip Coo	le)	FB 22	-
	used for future annual report	notification)		- !
For further information concerning this matter, ple	ease call:			<u> </u>
Corliss Taylor	90 at	4 536-36	39 17 17 19	
(Name of Contact Per		rea Code) (Daytir	ne Telephone Number)	_
Enclosed is a check for the following amount mac	le payable to the Florida Dep	eartment of State:		
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat	& \$\subseteq\$	□\$52.50 Filing F Certificate of S Certified Copy (Additional Co Enclosed)	tatus	
Mailing Address Amendment Section Division of Corporations	Amen	Address dment Section on of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation \mathbf{of}

	10	•	
A	Articles of Incorporation of	<u>ः हि</u>	ر د در اس
Speaking Sparks, Inc.		and the second	·
(Name of Corporation as currently filed with the Flo			
	orida Dept. of State)		ي د
N22000004009			ا مارات
(Document	Number of Corporation (if known	wn)	(5)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For I	Profit Corporation adopts the following	130
A. If amending name, enter the new name of the cor	rporation:		
		The new	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated".	or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD			
-			
C. Enter new mailing address, if applicable:	17)		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
D. If amending the registered agent and/or registered		nter the name of the	
new registered agent and/or the new registered o	ffice address:		
Name of New Registered Agent:			
		ida street address)	
New Registered Office Address:	(1 11/2)		
		79.	
	(City)	, Florida (Zip Code)	
	(Cny)	(all) codes	
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered agent. I	am familiar with and accept the	e obligations of the position.	
	·		
	Signature of New Registere	ed 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: X Change X Remove X Add	PT John De V Mike Jo SV Sally Sr	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	VP	Shirley Reeves	4619 Aberdeen Lane Stone Mountain, Georgia 30083
× Remove			
2) Change Add	<u>T</u>	Cedric Jackson	1382 Beatie Avenue Atlanta, Georgia 30083
x Remove 3) Change Add x Remove	<u>o</u>	Kutana Grant	4390 White Road Douglasville, Georgia 30135
4) Change Add	<u>o</u>	Regina Bouchee	4016 Clearbrook Cove Road Jacksonville, Florida 32218
x Remove			
5) Change Add			
Remove			
6) Change Add	<u></u>		
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

	_				
					<u>.</u>
<u> 1881 </u>					
					
	_	·			
	<u></u>				
			<u> </u>		

(CHECK ONE)

■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 02-23-23
Signature orlins Factor
(By the chairman or vice chairman of the board, or esident 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)
Corliss Taylor
(Typed or printed name of person signing)
President
(Title of person signing)