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ALLAHASSEE, FLORIGA

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Sparklenning Inc DOCUMENT NUMBER: P17000004889 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LUIS RAMIREZ Name of Contact Person BEST FINANCIAL SERVICES & ASSOCIATES INC Firm/ Company 1720 W FAIRFIELD DR STE 302 Address PENSACOLA FL 32501 City/ State and Zip Code LUIS@BESTFINANCIALSERVICES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _ at (850 572-6846 Area Code & Daytime Telephone Number **LUIS RAMIREZ** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: -S35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SPARKLEANING INC (Name of Corporation as currently filed with the Florida Dept. of State) P17000004889 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: Signature of New Registered 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	PT Jo	hn Doc		
X Remove	<u>V</u> <u>M</u>	ike Jones		
X Add	SV Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>	
1) X Change	p	ERIKA VAZQUEZ MENDEZ	605 N 75TH AVE	
Add		·	PENSACOLA FL 32506	
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Pamovo				

E. If amending or adding additional Articles, enter change(s) he (Attach additional sheets, if necessary). (Be specific)	<u>ere</u> :
MISS SPELL OF LAST WORDING OF LAST NAME OF VASQ	JEZ TO VAZQUEZ.
. If an amendment provides for an exchange, reclassification,	or cancellation of issued shares,
provisions for implementing the amendment if not contained (if not applicable, indicate N/A)	d in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	
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02/16/2017	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
02/16/2017	
Effective date <u>if applicable:</u> (no more than 90 days after amendn	nent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes can by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro-	oval
by	"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	on and shareholder
02/16/2017	
DatedSignatureSignature	
(By a director, president or other officer – if directors or of selected, by an incorporator – if in the hands of a receiver appointed fiduciary by that fiduciary)	
ERIKA VAZQUEZ MENDEZ	
(Typed or printed name of person sign	ing)
PRESIDENT	
(Title of person signing)	