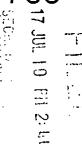
## P17000052994

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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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S. PRATHER

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: SPARK DESING	INC	
DOCUMENT NUM	P17000052994		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	LIBAN SOTO		
		Name of Contact Persor	
		Firm/ Company	
	14372 SW 18TH ST		
		Address	
	MIAMI, FL 33175		
		City/ State and Zip Code	2
Isote	2015(@yahoo.com		
	E-mail address; (to be u	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
LIBAN SOTO		786at (	416-5858
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	itment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□SS2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	illing Address mendment Section dision of Corporations D. Box 6327 lahassee, F1, 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle (ssee, FL 32301)

## Articles of Amendment

10

Arti	icles	of	Incor	porat	ion
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N/A SOMO II O	e viam Inc
(Name of Corporation as curry	ently filed w(th the Florida Dept. of State)
N/A 17000	0052994
(Document Number	cr of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	<u>:</u>
N/A	The new
name must be distinguishable and contain the word "corpore" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," oword "chartered," "professional association," or the abbreviation	ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	——————————————————————————————————————
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	——————————————————————————————————————
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional agent.	
Name of New Registered Agent N/A	
State by New Negasterea Agent	
(Florida	a street address)
New Registered Office Address:	. Florida
New regimera Office maress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	
Signature of Ne	rw 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	<u>PT</u>	John De	<u>oc</u>	
X Remove	V	Mike Jo	<u>mes</u>	
X Add	<u>SV</u>	Sally Si	n <u>ith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		_		
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				·
6) Change				
Add				<u></u>
Remove				

CTIVITY RELATED	heets, if necessary). O TO THE EXECUT	TON OF ALL S	ERVICES.			
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lf an amendment p	provides for an exch	ange, reclassific	cation, or cancell	ation of issued sh	ares,	
(if not applica	plementing the amer ble, indicate N/A)	idment it not co	<u>mtain</u> ed in the a	menament itself:		
<b>\</b>						
					<del></del>	
	<del></del>					

06/26/2017	
The date of each amendment(s) adoption:	if other than the
06/26/2017	
Effective date if applicable:  (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	17.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  O6/26/2017  Dated  Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	T 1 1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
appointed fiduciary by that fiduciary)  LIBAN SOTO	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	