

P1000080330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

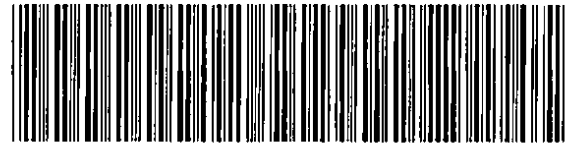
(Business Entity Name)

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U.S. DEPARTMENT OF JUSTICE

M

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SPARKLY MULTI SERVICE INC

DOCUMENT NUMBER: P19000080220

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SIRIS I CASTRO

Name of Contact Person

SPARKLY MULTI SERVICE INC

Firm/ Company

100 COMMODORE DRIVE, APT. 512,

Address

PLANTATION, FL. 33325.

City/ State and Zip Code

sparklydreamhelpers@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIRIS I. CASTRO

at (786) 277-5910

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

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

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STATE OF FLORIDA
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP	CHRISTIAN JESUS VILLASANA	100 COMMODORE DRIVE. APT. 512. PLANTATION, FL. 33325
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

F. If amending or adding additional Articles, enter change(s) here:

(Attach *additional sheets, if necessary*). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

SECRETARY OF STATE
WASHINGTON, D.C. 20520

2023 HÃY 26 TH 9: 39

0516/2023

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

05/16/2023

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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)

05/16/2023

Dated _____

Signature: Siris I. Castro

(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 appointed fiduciary by that fiduciary)

SIRIS I. CASTRO

(Typed or printed name of person signing)

PRESIDENT.

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FL

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