P23000018598

(Req	questor's Name)	
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SECTO TARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Novo Wholesale LLC DOCUMENT NUMBER: P23000018598 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Amjad Hannoneh Name of Contact Person Spark Wholesale LLC Firm/ Company 2675 Ophelia Way Address Myrtle Beach, SC 29577 City/ State and Zip Code sparkwholesaleusa@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (909 992-8443

Area Code & Daytime Telephone Number Amjad Hannoneh Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐\$43.75 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)

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

is enclosed)

Articles of Amendment to Articles of Incorporation of

0	of the state of th	
Spark Wholesale I.I.C		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P23000018598		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
Spark Wholesale IIIC	The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	2675 Ophelia Way	
	Myrtle Beach, SC 29579	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	23 SE	
	ा क्रिक्ट कर कि का क कि का कि	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		
Name of New Registered Agent		
(Florida s	treet address)	
New Registered Office Address:	(City) , Florida (Zip Code)	
	,	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		
r nevery accept the appointment as registered agent. I am jamutar	wan and accept the obligations of the position.	
Amjad Hann	ronsh	

Signature of New Registered Agent, if changing

Check if applicable

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Frample:

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			FG 3 7
4) Change			
Add			
Remove			~ C O1
5) Change			
Add			 -
Remove			
6) Change			
Add			
Remove			

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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)	SLOKE IAF (OF 3	HAR 31 PH
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
Energy Care in appreniate.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date w Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	. "	
•	(voting group)	
3/31/2023 Dated	3 	
Signature	Amjad Hannonsh	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	23 SE
	Amjad Hannoneh	E IL
	(Typed or printed name of person signing)	15/2 3
	CEO/President	# 3 m
	(Title of person signing)	6: 12

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