(Requestor's Name)	_
(Address)	_
(Address)	—
(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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RECEIVED

COVER LETTER

Division of Cor	porations		
SUBJECT:	SPASRKE Name of Limi	ted Liability Company	CAPT REPAIRS
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	JACK	Name of Person	KS
		Firm/Company	
	2560 <	Senvoan Di	-
	Pensa Co	City/State and Zip Code W 5 0 G r K S B o be used for future annual report noti	2503 icloud com
For further information c	oncerning this matter, please ca		
JACK U	Person	at (<u>310</u>) <u>606</u> Area Code Daytim	4062 c Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPASRKS (Name of the Limited	HOMECRA	FT REF	AIRS	LLC
(<u>Name of the Limited</u> (.)	Liability Company as it now a Florida Limited Liability Comp	ippears on our record pany)	<u>ls.</u>)	
The Articles of Organization for this Limited Lial	oility Company were filed o	on <u> </u>	<u> </u>	assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability compa	ny here:		
SPARKS HDME The new name must be distinguishable and contain the wor	ECRAFT RU	EPATR:	S LLC	_
The new name must be distinguishable and contain the wor	ds "Limited Liability Company."	" the designation "LLC	or the abbre tion	"L.L.C."
Enter new principal offices address, if applical	ole:		(**); **)	<u></u>
(Principal office address MUST BE A STREET	MORESS)	<u>.</u>		ļ
			55 32 65 32 65 32	П.
			元 で 二 プ	0
Enter new mailing address, if applicable:	/			
(Mailing address MAY BE A POST OFFICE B	<u>6x)</u>			
B. If amending the registered agent and/or regagent and/or the new registered office address	•	our records, <u>enter</u>	the name of the	new registered
Name of New Registered Agent:	JACK	W. SP	ARKS :	匹
New Registered Office Address:	Ent	er Florida street addres	<u></u>	
		គា	orida	
	City	, , , , ,	Zip Co	de

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	 		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ce date, if other than the date of filing:
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated_	2/4 / 2025
	Marini
	Signature of a member or authorized representative of a member
	Typed or printed name of signlee