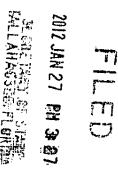
## -L11000044314

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
JAN <b>30</b> 2011



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**EXAMINER** 

## **COVER LETTER**

FO: Registration Section

Division of Corporations						
SUBJECT:	Corporate Spe	eech Associates, LLC				
30bJEC1,	Name of Limited Liability Company					
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corres	pondence concerning this matte	r to the following:				
		Karen A. Toomer Name of Person				
		Traine of Feister				
	Catalyst Management Group, LLC Firm/Company					
Firm/Company						
	•	10704 SW 17th Place				
	Address					
	Davie, FL 33324					
	•	City/State and Zip Code				
	E-mail address: (	aren2mer@gmail.com to be used for future annual report not	ification)			
For further information	concerning this matter, please	call:				
	ren A. Toomer	at (_954 )	817-1021			
Name of Person		Area Code & Daytii	me Telephone Number			
Enclosed is a check for	the following amount:					
<b>✓</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

## 2012-01-31 07:15 McArthur High School

## TO ARTICLES OF ORGANIZATION **OF**

Corpo	rate Speecl	n Associates,	LLC	
(Name of the Limite	A Florida Limited	Liability Company)	s on our records.	
The Articles of Organization for this Limited L	iability Company	were filed on	4/13/2011	and assigned
Florida document numberL11000	0 <u>44314</u> .			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited lial	hility company her	<u>ē</u> :	
	The Katalyst			
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applic	N/A			
(Principal office address MUST BE A STRE)	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of ffice address her	ffice address on o e:	ur records, enter t	he name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	Fnt	er Florida street add	7000
		City	, Florida	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	į		

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 608, F.S. Or, if this document is 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title Address** Name N/A □ Add Remove  $\square$  Add Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add **∏**Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A January 23 2012 Dated \_\_\_ Signature of a member or authorized representative of a member Karen A. Toomer Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00