## L07000089295

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SECRETARY OF STATE
VIVISION OF CORPORATION
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SMALL TALK HOLDENS COMPANY, CLC  Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JUE WATTS  Name of Person	
SMALL TALK /H) DING (Outland CL) Firm/Company	
SCE KENWCOD ST Address	
SANT JOINS FL 32-259 City/State and Zip Code	
while Small talkiax. com	
For further information concerning this matter, please call:	
TULE WATTS  Name of Person  at (904) 993-2143  Area Code Daytime Telephone Number	:: :: ::
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
CHECK FOR #4375 WAS PRONOSY SENT + RCVD. BY YOUR OFFI	É
Mailing Address:Street Address:CIHCK 5086Registration SectionRegistration SectionPOSTED FETS 7, 3Division of CorporationsDivision of CorporationsThe Centre of TallahasseeTallahassee, FL 32314The Centre of TallahasseeStreet Address:	L 0

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number \_ LO70000 89295 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

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 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 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
MUR	BRADFORD WATTS	500 KERWOOD STREET	XAdd
		SOU KERWOOD STRENT SANT JUINS, FL 32259	□Remove
			□Change
			□Add
			□Remove
			□Change
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			Change
		<del></del>	□Add
			□Remove
			□ Change

. If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<del></del>	
ڔٙ	Elule are with marking cure Brail Food Wester
_	We are just myking sure Brudford weetts is listed as co-owner of Small Talk
_	to dina
(If an effe Note:	ve date, if other than the date of filing:
the record	I 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 ed.
Dated_	Marh 12 2020
	$M_{\Lambda}$ ) at $d < 0$
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00