LU9000064719

(Re	equestor's Name)	
	•	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



300158213713



B. KOHR
JUL 1 4 2009

EXAMINER



OK SERVICE COMPANY.			· \	148 99
	ACCOUNT NO.	:	I2000000195 \\	A966 SEE FLOOR SILES
	REFERENCE	:	065891 771	14966 5
	AUTHORIZATION	:	Smill Ken	
	COST LIMIT	:	\$ 25.00	ORDER
ORDER DATE :	July 14, 2009			
ORDER TIME :	1:08 PM			
ORDER NO. :	065891-005			
CUSTOMER NO:	7714966			
	DOMESTIC AM	ENI	OMENT FILING	
NAME:	OLDENSPEAK, LL	С		
XX ARTICLES	S OF AMENDMENT			
PLEASE RETURN	THE FOLLOWING AS	PRC	OOF OF FILING:	
XX PLAIN	STAMPED COPY			
CONTACT PERSON	1: Troy Todd E	XT‡	‡ 2 9 40	

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLDENSPEAK, LLC		م من المنظمة ا
(Nume of the Limited Liability (A Florida	y Company as it now appears Limited Liability Company)	s on our records.
The Articles of Organization for this Limited Liability (Company were filed on 070	62009 ahdrassigned
Florida document number <u>L09000064719</u>		A CONTRACTOR
This amendment is submitted to amend the following:	! :	Condition
A. If amending name, enter the new name of the lim	<u>ited liability company here</u>	
OLDENSPEAKS, LLC		· · · · · · · · · · · · · · · · · · ·
The new name muss be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	•	
(Principal office address MUST BE A STREET ADDI	RESS)	
	:	
	: ·	,
Enter new mailing address, if applicable:		
Malling uddress MAY BR A POST OFFICE BOX)		
	:	
3. If amending the registered agent and/or registered agent and/or the new registered office add		r records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	(Ente	er Florida street address)
•	1 '	, Florida
	(Clty)	(Zip Code)

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 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 fitle, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM == 1	nnager Managing Member		,
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add .
			Add
			Rumove
			Add Remove
			Add Remove
			Add Remove
D. If amond	ling any other information, enter change(s)	hore: (Attach additional sheets, if necessary.)	
		į.	-
			-
Dated		—` O a a	~
,	Signature of a member of a	authorized representative of a member	
	Quintain Typed or f	Olden Finted name of signee	

Page 2 of 2

Filing Fee: \$25.00