L10000012300

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EXAMINER

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> SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration S Division of Co	Section orporations				
SUBJECT:	Speal	k To Me, LLC			
	Name of Lim	ited Liability Company			
	f Amendment and fee(s) are subondence concerning this matter				
riease return an corresp	ondence concerning this matter	r to the following:			
	Ke	nneth B. Wheeler, Esq.			
Name of Person					
		Firm/Company			
	1155 L	1155 Louisiana Avenue, Suite 100		2010 FEB SEURETI TALLAHA	
		Address		AH FE	7
Winter Park, FL 32789				26 ARY SSE	
City/State and Zip Code				PH 2: 45 OF STATE E. FLORID	
kwheeler@wealthcare.com E-mail address: (to be used for future annual report notification)			2: 45 STATE LORID	•	
For further information	concerning this matter, please	•	,	Du Q	
Kennetl	h B. Wheeler, Esq.	at (407)	45-1779		
	of Person	Area Code & Daytime		<u> </u>	
Enclosed is a check for	the following amount:		•		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	sed)
****	INC ADDRESS.	CTREET/COURSE	n Abbreco		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Speak To (Name of the Limited Liability Compar (A Florida Limited L	Me, LLC ny as it now appea iability Company)	rs on our record	<u>ds.</u>)	
The Articles of Organization for this Limited Liability Company Florida document numberL10000012300	were filed on	February 2,	2010 and ass	igned
This amendment is submitted to amend the following:		•		
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> : ,		
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Compa	any," the designa	ation "LLC" or the	abbreviation
Enter new principal offices address, if applicable:			75 75	
(Principal office address MUST BE A STREET ADDRESS)			IO REB	— ———
Enter new mailing address, if applicable:	1155 Louisia	na Avenue.	26 SSE	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Winter Park,			O
			₹ . 5	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>c</u>	enter the name o	of the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City	, Flor	idaZip Code	<u> </u>
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 title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
<u></u>			Add Remove
· • • • • •			Add Remove
			Add Add Remove FEB
			RETARIST PROVE
			Z 2: CORIENT AFFE
D. If ameno	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	
			·
			
 Dated	2/23/10		<u> </u>

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Filing Fee: \$25.00