_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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G. MCLEOD

OCT 26 2010

EXAMINER

300186851123

10/25/10--01017--006 **25.00

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: <u>SpeakN Move, LLC</u>
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:

<u>Priscila Carrella</u>
Name of Person

<u>SpeakNMove</u>
Firm/Company

<u>3091 Palm Trace Landings Rd. #1406</u>
Address

<u>Davie, FL-33314</u>
City/State and Zip Code

<u>speaknmove@gmail.com</u>
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Priscila Carrella</u>   at (<u>305</u>) <u>321 4622</u>
Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

[X] $25.00 Filing Fee   [ ] $30.00 Filing Fee &   [ ] $55.00 Filing Fee &   [ ] $60.00 Filing Fee,
                                  Certificate of Status   Certified Copy   Certificate of Status &
                                                                 (additional copy is enclosed)   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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

_____SPEAKNMOVE, LLC_____
<u>(Name of the Limited Liability Company as it now appears on our records.)</u>
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on __10\19\2010__ and assigned
Florida document number __L10000109045__.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here:</u>

_____

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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, <u>enter the name of the new registered agent and/or the new registered office address here:</u>

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
    City   *Zip Code*

<u>**New Registered Agent's Signature, if changing Registered Agent:**</u>

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, <u>Signature of New Registered Agent</u>

Page 1 of 2

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SHERMIN G. FERNANDES	3091 Palm Trace Landings Dr. Apt. 1406 Davie, FL-33314	☑Add ☐Remove
			☐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.)*

Dated ___October 19 2010___

_____
Signature of a member or authorized representative of a member

PRISCILA CARRELLA
Typed or printed name of signee

Page 2 of 2

Filing Fee: $25.00