

#L11000008441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

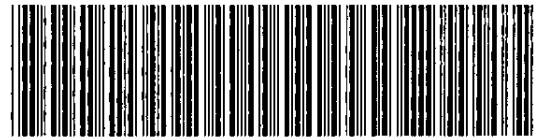
(Business Entity Name)

(Document Number)

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11 FEB 11 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER

FEB 21 2011



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2011

SAY IT STRAIGHT FORWARD, LLC  
MARIAN FRANQUI-PAGAN  
8004 NW 154TH ST, STE. 150  
MIAMI LAKES, FL 33016

SUBJECT: SAY IT STRAIGHT FORWARD, LLC  
Ref. Number: L11000008441

We have received your document for SAY IT STRAIGHT FORWARD, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 211A00003801

February 9, 2011

From: Marian Franqui-Pagan  
Say It Straight Forward, LLC  
8004 NW 154<sup>th</sup> Street  
Suite# 150  
Miami Lakes, Fl 33016  
786-281-6646

TO: Registration Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Fl 32314

RE: FL Document # L11000008441

To Whom It May Concern:

This letter is to notify you that yesterday, February 8, 2011 I sent out the Articles of Amendment via certified mail and later notice that I did not include the payment. I have enclosed the payment of \$30.00 for the filling fee & the certification of status. I apologize for any inconvenience this may have caused you. If you have any further questions or concern please feel free to contact me anytime.

Sincerely,

A handwritten signature in black ink, appearing to read 'Marian Franqui-Pagan', written over the word 'Sincerely,'.

Marian Franqui-Pagan  
President  
Say It Straight Forward, LLC

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Say It Straight Forward, LLC  
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:

Marian Frangui-Pagan  
Name of Person

Say It Straight Forward, LLC  
Firm/Company

8004 NW 154th Street Suite # 150  
Address

Miami Lakes, FL 33016  
City/State and Zip Code

mfrangui@sayitstraightforward.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marian Frangui-Pagan at 786 281-6646  
Name of Person Area Code & Daytime Telephone Number

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)      ☐ \$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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
11 FEB 11 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Say It Straight Forward

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1-18-2011 and assigned  
Florida document number L11000008441

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 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)

615 W. 68<sup>th</sup> St #201  
Hialeah, FL 33014

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8004 NW 154<sup>th</sup> Street  
Suite #150  
Miami Lakes, FL 33016

**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:

8004 N.W. 154<sup>th</sup> Street Suite #150  
Enter Florida street address  
Miami Lakes, Florida 33016  
City 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 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>  |
|----------------|----------------|--|--|
| Vice President | Xamile Naranjo | 8004 NW 154 <sup>th</sup> St<br>Suite 150<br>Miami Lakes, FL 33016 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|                |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|                |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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|                |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Marian Frangui-Pagan  
\_\_\_\_\_  
Typed or printed name of signee