# L14000086065

(Re	equestor's Name)	
(Ad	ldress)	,
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>; #)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	· ·





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### CAN WE TALK ABOUT IT LLC

#### WE'RE TALKING BUSINESS



September 13, 2016

To :Matthew Noon

From Gary York

Re: Document Number W16000060451 Can We talk about it LLC

Mr Noon Due to my error in filing the amendment for Can we talk about it LLC enclosed the incorrect filing fee of \$125.00. I am asking that you please deducted the \$25.00 for the Amendment and refund me the difference of \$100.00 to the following address.

Can we Talk about it LLC

Attn: Gary York 850 Sw Amethist Ter Port St Lucie FL 34953

If you have any questions please reach out to me at 772 341 1878

Thank you far your cooperation.

Sales Director

# **COVER LETTER**

**Registration Section** 

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

TO THE CORE	ALK ABOUT IT LLC	ited Liability Company	
• • •	Name of Line	ned Liaminy Company	
enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
ase return all correspo	ndence concerning this matter	to the following:	
ı	GARY YORK		
•		Name of Person	<del></del>
	CAN WE TALK ABOUT	IT LLC	
		Firm/Company	
	850 SW AMETHIST TER		
	<u></u>	Address	
	PORT ST LUCIE FL 3495	3	
		City/State and Zip Code	
t	GARRO61@GMAIL.COM	to be used for future annual repo	
fuither information c	oncerning this matter, please co		
ARY YORK	-	772 341 18	378
Name o	f Person	at () Area Code	Daytime Telephone Number
closed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/C Registration	OURIER ADDRESS: Section

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAN WE TALKABOUT IT LLC	
(Name of the Limited Lia	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	y Company were filed on 5/29/2014 and assigned
Florida document number <u>L/4000086</u>	765
riorida document number	
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the	imited hability company nere:
	35-2
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
	DDECC)
(Principal office address MUST BE A STREET AL	DAESS)
,	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amonding the registered agent and/or re	gistered office address on our records, enter the name of the new
registered agent and/or the new registered office	9
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del></del>	City 7in Code

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

CANIMETALLADOMETITLE

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
AMBR	MAURICE MARTINEZ	1742 SW MONTERREY LN	
;		PORT ST LUCIE FL 34953	□ Remove
			Change
AMBR	JACALYN MAGGIN	1249 SW DORCHESTER ST	<b>=</b> Add
*		PORT ST LUCIE FL 34986	Remove
; > - 4		· · · · · · · · · · · · · · · · · · ·	☐ Change
ANGE-	Ronnu Starlings		Add
:		1	□ Remove
	~ 1		Thange
Amer	Cary York		□ Add
	J		Remove
*			Change
			□ Add
			□ Remove
			☐ Change
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E. Effecti	ve date, if other than the date of filing: (optional)
(lf an eff	ve date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listeent's effective date on the Department of State's records.
,	
If the red	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
	ford specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlied 90th day after the record is filed.
(b) The	90th day after the record is filed.
(b) The	
(b) The	90th day after the record is filed.
(b) The	90th day after the record is filed.  SEPTEMBER 9TH 2016
(b) The	90th day after the record is filed.  SEPTEMBER 9TH  2016  Signature of a member or authorized representative of a member
(b) The	90th day after the record is filed.  SEPTEMBER 9TH  2016  Signature of a member or authorized representative of a member
(b) The	90th day after the record is filed.  SEPTEMBER 9TH  2016  Signature of a member or authorized representative of a member

Filing Fee: \$25.00