

L14000086065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

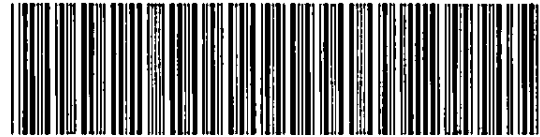
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900302495869

08/17/17--01019--015 **25.00

J
8/18/17

FILED
17 AUG 17 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAN WE TALK ABOUT IT 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:

GARY YORK

Name of Person

CAN WE TALK ABOUT IT LLC

Firm/Company

850 SW AMETHIST TER

Address

PORT ST LUCIE FL 34953

City/State and Zip Code

GARRO61@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY YORK

772 341 1878
at ()

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MAURICE MARTINEZ	1743 SW MONTERREY LN	<input type="checkbox"/> Add
		PORT ST LUCIE FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JACALYN MAGGIN	129 SW DORCHESTER ST	<input type="checkbox"/> Add
		PORT ST LUCIE FL 34986	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GARY YORK	850 SW AMETHIST TER	<input type="checkbox"/> Add
		PORT ST LUCIE FL 34953	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	RONNIE STARLING	850 SW AMETHIST TER	<input type="checkbox"/> Add
		PORT ST LUCIE FL 34953	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ON 8/7/2017 MAURICE MARTINEX AND JACALYN MAGGIN HAVE DECIDED TO REMOVE

THEMSELVES FROM THE LLC AND GIVE IT BACK TO GARY YORK AND RONNIE STARLINGS

MAURICE ND JACALYN WILL NO LONGER HAVE ANY OLIGATION TO WE ARE TALKING

BUSINESS LLC

FILED
17 AUG 17 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 08/14/2017 **(optional)**

~~If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)~~

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

8/12/2017

Signature of a member or authorized representative of a member

Typed or printed name of signee