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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

T. T. T. C. CO.	TALK ABOUT IT LLC		
		ited Liability Company	
The employed Amiglia of	Amendment and fee(s) are sub-	mitted for filing	
		_	
'lease return all correspo	ondence 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 3495	3	
		City/State and Zip Code	
	GARRO61@GMAIL.COM		
	E-mail address: ()	to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	ıll:	
GARY YORK		772 341 1878	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed 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 enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose

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

CAN WE TALK ABOUT IT LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	,
The Articles of Organization for this Limited Liability Con	npany were filed on 05/29/2014	and assigned
lorida document number L14000086065		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	Hability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	SS)	<u>50 =</u>
		EC.
		表 6 下
nter new mailing address, if applicable:		SM T
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		FEORIDA
		DA DA
 If amending the registered agent and/or register egistered agent and/or the new registered office addres 		enter the name of the
Name of New Registered Agent:		····
New Registered Office Address:		
	Enter Florida street address	
- <u>-</u> -	, Flori	
	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 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>	Name	<u>Address</u>	Type of Action
AMBR	MAURICE MARTINEZ	1743 SW MONTERREY LN	□ Add
		PORT ST LUCIE FI. 34953	■ Remove
			☐ Change
AMBR	JACALYN MAGGIN	129 SW DORCHESTER ST	
		PORT ST LUCIE FL 34986	■ Remove
			Change
AMBR	GARY YORK	850 SW AMETHIST TER	□ Add
		PORT ST LUCIE FL 34953	☐ Remove
			■ Change
AMBR	RONNIE STARLING	850 SW AMETHIST TER	
		PORT ST LUCIE FL 34953	Remove
			■ Change
			☐ Remove
			Change
		-	
			Remove
			Change

THEMSELVES FROM THE LLC	AND GIVE IT BAC	K TO GARY YORK	AND RONNIE ST	ARLINGS
MAURICE ND JACALYN WILL	NO LONGER HAVI	E ANY OLIGATIIO	N TO WE ARE TAI	LKING
BUSINESS LLC				
				TALLI SECR
				HASSE
				OF STATE
				OA
				 -
tive date, if other than the date Fortise date is listed, the date must be sp If the date inserted in this block denent's effective date on the Departn	ecific and cannot be prices not meet the appli	or to date of filing or mo	(option re than 90 days after fi requirements, this c	ling.) Pursuant to 603
cord specifies a delayed effe	ctive date, but n	ot an effective ti	me, at 12:01 a.i	m. on the earli
6/12/2)///	T. 100	\rightarrow	
	2//	horized representative of		

Page 3 of 3

Filing Fee: \$25.00