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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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	egistration Sec ivision of Corp					
CHRIECT		To Me? LLC				
SUBJECT	;	Name of Lin				
The enclos	ed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please retu	rn all correspor	ndence concerning this matter	to the following:			
		Melanie A. Cissone				
			Name of Person			
			Firm/Company			
		174 Watercolor Way - Sui	te 103, No. 415			
	Address					
		Santa Rosa Beach, FL 32-	459			
			City/State and Zip Code			
		melanie.cissone@gmail.com				
For further	information co	E-mail address: (oncerning this matter, please c		SLOTE WAS SEEL F		
	Name of	Person	at () Area Code Daytime Te	elephone Number 0 29 53		
Enclosed is	s a check for the	e 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

You Talkin' To Me? LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on (Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L14000188520	y were filed on Decemb	per 10, 2014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	ation "LLC" or the abb	reviation "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 or registered agent and/or the new registered office address her		records, enter t	he name of the
Name of New Registered Agent:		<u> </u>	917
New Registered Office Address:	Enter Florida st	reet address	
		Florida	O TT
	City		SLip Codus Л
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	3	

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
MGR	Stephen A. Springer	174 Watercolor Way	
		Suite 103, No. 415	Remove
		Santa Rosa Beach, FL 32459	☐ Change
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			□ Remove
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Effective d	late, if other t	han the date o	i ining: _	y 14, 2017			(optional)		
<u>Note:</u> If the	e date inserted i	e date must be speci in this block doe on the Departme	s not meet th	e applicable	ate of filing or n statutory filir	ore than 90 da ig requiremer	ys after filing.) its, this date v	Pursuant to vill not be	605.0207 listed as t
		delayed effec the record is		but not ar	n effective	time, at 12	2:01 a.m. c	n the ea	arlier of
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Dated	July &	()	<u> </u>	017.					
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Filing Fee: \$25.00

Typed or printed name of signee