(Req	uestor's Name)
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(City/	/State/Zip/Phor	ne #)
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Certified Copies	Certificate	es of Status
Special Instructions to Fi	iling Officer:	
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COVER LETTER

TO: Registration S Division of Co			÷	
SPEAKS 2 SUBJECT:	29, LLC			
	Name of Lim	nited Liability Company		
•	Amendment and fee(s) are sub	-		
Please return all correspondent	ondence concerning this matter	to the following:		
	KATE POWELL			
		Name of Person		
	SPEAKS 29, LLC			
		Firm/Company		ALL ALL
	1810 W KENNEDY BLV	D		E STILL
•		Address		SSE 0
	TAMPA, FL 33606			PRINCE OF ST
•	KPOWELL@1810KENNE			FILED OCT 31 PH IZ: 15 CRETARY OF STATE LANASSEE, FLORIDA
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notif	ication)	
	overening this matter, prease o			
Name o	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

SPEAKS 29, LLC (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 01/12/2016 _____ and assigned Florida document number ____L16000008658 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 contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Florida

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 MARK LEVEY		1810 W KENNEDY BLVD			
·		TAMPA, FL 33606	Remove		
			Change		
			Add		
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fective date, if other t	nan the date of fi	10/26/20	16		(optional)	
an effective date is listed, the	date must be specific	and cannot be pr	or to date of filing	g or more than 90 da	evs after filing.) Pr	irsuant to 605.020
ote: If the date inserted in ocument's effective date of	on the Department	of State's recor-	ncable statutory ds.	illing requireme	nts, this date wi	il not be listed a
record specifies a	delayed effectiv	e date, but i	not an effect	ive time, at 12	2:01 a.m. on	the earlier of
The 90th day after t	the record is file	ed.				
		2016				
OCTOBER 26			·			
october 26			3			
october 26	$\overline{\bigcap}$		Λ			
october 26	Signature of	of a member or au	thorized represen	itative of a member		

Page 3 of 3

Filing Fee: \$25.00