

L16000 101239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

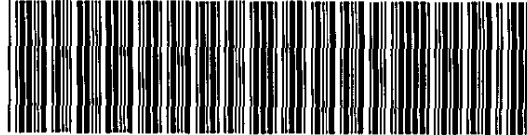
(Business Entity Name)

(Document Number)

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2016 SEP - 6 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

SEP - 9 -

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Relatively Speakin, 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:

Shanier Souffrant

Name of Person

Relatively Speakin', LLC

Firm/Company

11113 Biscayne Blvd #1858

Address

Miami, Florida 33181

City/State and Zip Code

chynere71@gmail.com

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

For further information concerning this matter, please call:

Shanier Souffrant

954

806-0215

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

**TO  
ARTICLES OF ORGANIZATION  
OF**

Relatively Speakin', 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 05/24/2016 and assigned  
Florida document number L16000101239

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

same as listed

**(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 name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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**

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Shanier Souffrant	11111 Biscayne Blvd #1858	<input checked="" type="checkbox"/> Add
		Miami, FL 33181	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gamaliel N Souffrant	11111 Biscayne Blvd #1858	<input type="checkbox"/> Add
		Miami, FL 33181	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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JUL 6 2016  
CLERK OF DISTRICT COURT  
ALABAMA, FLORIDA

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2016 SEP -6 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/1/2016

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

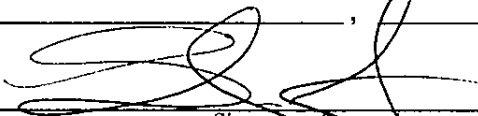
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 September 1, 2016

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Shanier Souffrant

\_\_\_\_\_  
Typed or printed name of signee