

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kali Speaks & Associates 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:

Kesley Richardson

Name of Person

Kali Speaks & Associates LLC

Firm/Company

3010 Sugar Magnolia Dr

Address

Ocoee, FL 34761

City/State and Zip Code

kesley.richardson@gmail.com

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

For further information concerning this matter, please call:

Kesley Richardson

904

813-1764

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 enclod)

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

SECRET
TALLAHASSEE, FLORIDA

Alchemic Solutions L.L.C.

(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 08/11/2016

Florida document number L16000150129.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Kali Speaks & Associates LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviat

Enter new principal offices address, if applicable:

3010 Sugar Magnolia Dr

(Principal office address MUST BE A STREET ADDRESS)

Ocoee, FL 34761

Enter new mailing address, if applicable:

3010 Sugar Magnolia Dr

(Mailing address MAY BE A POST OFFICE BOX)

Ocoee, FL 34761

**B. If amending the registered agent and/or registered office address on our records, enter the n;
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 C

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 c
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this c
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited li
company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered

