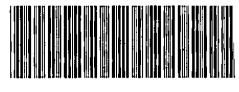
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COVER LETTER

Kali Speaks & Associates LLC SUBJECT: 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 Ococe, 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 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclo-

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Alchemic Solutions L.L.C.	₹ <u>₩</u>		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000150129</u> .	ny as it now appears on our records.) Liability Company) were filed on 08/11/2016		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Kali Speaks & Associates LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	Ococe, 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 or registered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida		

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 a 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 a being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lice company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered

Zip C

City

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Address</u> **Title** Name ______C __ _ _ _ ______ ______

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	<i>ν</i>					
	Kesley Richards	on				

Typed or printed name of signee

Filing Fee: \$25.00