## 4800021831

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(Ad	ldress)	
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(Cit	ry/State/Zip/Phone	· #)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## CUTER LETTER

TO:	Registration Se Division of Cor			
	SPEARED	LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	<del></del>
The en	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		RYAN MCCLELLAN		
			Name of Person	
		SPEARED LLC		
			Firm/Company	······································
		322 COOLEY AVE		
			Address	
		FORT LAUDERDALE FL	ORIDA 33312	
		RYAN@BORNOFWATER	City/State and Zip Code .COM	
		E-mail address: (	to be used for future annual report notif	lication)
For fur	rther information co	oncerning this matter, please ca	all:	
RYAN	MCCLELLAN		954 554-8351 at () Area Code Daytime	e Telephone Number
	Name of	Person	Area Code Daytime	e Telephone Number
Enclos	ed is a check for th	e following amount:		
<b>■</b> \$2:	5.00 Filing Fee	□ \$30.00 Fiting 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 ORGANIZATION OF

SPEAKED LLC					
(Name of the Lim	ted Liability Compa	ny as it new appears on our Liability Company)	records.)		
The Articles of Organization for this Limited I Florida document number	iability Company	were filed on		_ and assigr	ıed
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbre	viation "L.L.C	
Enter new principal offices address, if appli		322 COOLEY AVE			F.s
(Principal office address MUST BE A STREET ADDRESS)		FORT LAUDERDALE	FLORIDA 33312		L C R
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	A HAR
Enter new mailing address, if applicable:		322 COOLEY AVE		6 PH	SEE.F
(Mailing address MAY BE A POST OFFICE BOX)		FORT LAUDERDALE	FLORIDA 33312	ယ္အ	S IA
					<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of			ecords, <u>enter the</u>	e name of	the new
Name of New Registered Agent:	RYAN MCCLE	ELLAN			
New Registered Office Address:	322 COOLEY	AVE			
	<del></del>	Enter Florida street	address		
	FORT LAUDE	RDALE	, <b>Florida</b> 33312	1	
		City	<del></del>	Zip Code	

## New Registered Agent's Signature, if changing Registered Agent:

CDEADEDIIC

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
OWNER CHA	CHARLES J DUFFIE	12215 SW 131 AVE	
		MIAMI FLORIDA 33186	■ Remove
			Change
OWNER RYAN MCCLELLAN	RYAN MCCLELLAN	322 COOLEY AVE	■ Add
	FORT LAUDERDALE FLORIDA	□ Remove	
		<del></del>	Change
		□ Remove	
		<del></del>	Change
			Add
			Remove
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	- to the second	Change	
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			□ Change

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	<b>7</b> (1)
. Effec	tive date, if other than the date of filing: 4/10/18 (optional)
Note:	ffective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	14/16/18
	Cf Duffie
	Signature of a member or authorized representative of a member
	CHARLES J DUFFIE
	Typed or printed name of signee

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Filing Fee: \$25.00