118000145030

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
Special Instructions to	Filing Officer:	

Office Use Only



600315148666

07/06/18--01007--012 **25.00

PHYTESION OF CHAPTER ALLON

N COOPER JUL 0 9 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: College Park Seech ILC 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:
Lauren Haydu Name of Person
College Park Speech, UC
1721 Espanda Drive,
City/State and Zip Code hald I a a gnal com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 376-6905 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} (additional copy is enclosed)} \$\Bigcup \$\Bigcup \$60.00 Filing Fee, 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLLEGE PA	FRK SPEECH, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>(//2/18</u>	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the	abbreviation "L.1	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		表, , ,
		JUL -6	- 12 12 12 12 12 12 12 12 12 12 12 12 12
Enter new mailing address, if applicable:			-
(Mailing address MAY BE A POST OFFICE BOX)			<u> 일대</u> - 연구
		<u> </u>	<u> </u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		r the name o	of the nev
Name of New Registered Agent:	·		
New Registered Office Address:			
	Enter Florida street address		
	, Florida _	Tr. Cat	
	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

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
MOR	Lauren Haydu	1721 Espanda Drive, oriando, FZ 32804	X ∧dd
		——————————————————————————————————————	Remove
			Change
			Add
			Remove
			Change
•			□ Remove
			Change
			Add
			Remove
		<u></u>	Change
			□ Remove
	•		Change
			□ Remove
•			☐ Change

						•		
			· · · ·					
				· · · · · · · · · · · · · · · · · · ·				
			,					
								Visio
								- <u>Inf</u>
								<u> </u>
					_			PHIZ
								<u>ပာ</u>
						•		
fective date	, if other than the d	late of fili	ng:		C (===	1 00 1	(optional)	
<u>ote:</u> If the da	e is listed, the date must late inserted in this blocketive date on the Dep	ck does not	t meet the ap	oplicable sta	tutory filing	requiremen	s after filing.) i s, this date w	ill not be listed
rediffere 3 er	tenve date on the Dep	,	i State 3 rec	Jius.				
	ecifies a delayed			t not an e	ffective ti	ne, at 12	:01 a.m. o	n the earlier
The 90th o	lay after the reco	ra is filed	3.					
ated <u>J</u>	siu Z		. 20	18.				
	1	1		1100	1 1.			
	ω	\ / ~						

Page 3 of 3

Filing Fee: \$25.00