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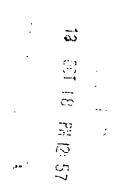
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COVER LETTER

TO: Registration Sc Division of Cor			
SUBJECT:	SPEAK LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michelle	Name of Person	
		Firm/Company	
	400 Alcat	na Orive	
	Daytona B	each Florida (City/State and Zip Code	32114
	Michelle 9 (E-mail address: (Monkeymorning Care to be used Eduture annual oport notifi	com
For further information c	oncerning this matter, please co	all:	
Michelle Name o	Person FPerson	at (<u>370</u>) <u>844</u> Area Code Daytime	- 2899 Telephone Number
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MS PEAK LL	~ C
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number 4 18 000 15244)	Company were filed on (21 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	mited liability company here:
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	ORESS)
	57
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office ado	istered office address on our records, enter the name of the new dress 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

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 Type of Action **Address** Name Title Steve PEAK 400 Aleatha Orive, Daytona Beats Add Remove F.L 32114 __□ Change __□ Add □ Remove 🔂 🗆 Change □ Remove _r- □ Ghange □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

□ Change

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an effective d <u>ote:</u> If the c	ate is listed, the da date inscrted in (and cannot be protent of meet the app	ior to date of filing licable statutory	or more than 90 day) Pursuant to 605,020 will not be listed as
		layed effectiv e record is file		not an effecti	ve time, at 12	:01 a.m.	on the earlier o
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Filing Fee: \$25.00