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(Re	questor's Name)	
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COVER LETTER

Division of C			
SUBJECT: Sp	eak Your Paper Name of Lim	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Rya	n Van Tress Name of Person	
		Firm/Company	
	1020	NE 15th Ave	
		Address	
	Tren	ton FL 32693 City/State and Zip Code	
	E-mail address: (nevt@hotmail.com	fication)
For further information	n concerning this matter, please ca	all:	
Ryan Va	in Tress	at (352) 275-3 Area Code Daytime	2626
734113		ruea code Paymin	relefatione (value)
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 enclosed)
Mailing Add		Street Address:	
Registration		Registration Sec	
P.O. Box 6	Corporations 327	Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Speak Vo	ur Paper, Ll	_C	
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears or imited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L2000000321</u>	npany were filed on12	2/17/2019 3	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limiter	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desig	nation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>5.5)</u>		020
Enter new mailing address, if applicable:		: :	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our reco	rds, <u>enter the name of t</u>	he new registered
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

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>	<u>Address</u>	Type of Action
MGR	Shoshanna Van Tress	1020 NE 15th Ave	□Add
		1020 NE 15th Ave Trenton, FL 32693	≝Remove
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Filing Fee: \$25.00