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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

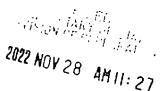
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QUEZSPEAKINGTEE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



quezspeakingtee LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/06/20 and assigned Florida document number L20000315678 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WrittenInspired LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change

If amending any other information.	, enter change(s) here: (At	nach additional stages, if necessary)	
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National Village			_
Effective date, if other than the date if an effective date is listed, the date must be save if the date inserted in this block a document's effective date on the Depart	specific and cannot be prior to date does not meet the applicable st	(optional) e of filing or more than 90 days after filing.) Pursuant to 6 statutory filing requirements, this date will not be li	505.0207 (3 isted as th
e record specifies a delayed effective dat rd is filed.	e, but not an effective time, at	t 12:01 a.m. on the earlier of: (b) The 90th day at	fter the
Dated November 28	2022		
	R: Lung Park		
Sign	nature of a member or authorized	representative of a member	
Riley Park			
raicy rain	Typed or printed nam	ne of signee	

Filing Fee: \$25.00