

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L21000103555

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAX CONTROLLER INC
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Phone : (954)301-1848
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****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
CX DESIGN LLC**

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FLORIDA DEPARTMENT OF STATE
ALL ADMINISTRATIVE

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Corporate Filing Menu

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OCT 26 2022

K. Brumley



October 21, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CX DESIGN LLC
5625 LAUREL CHERRY AVE
WINTER GARDEN, FL 34787US

SUBJECT: CX DESIGN LLC
REF: L21000163855

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

If you have any further questions concerning your document, please call (850) 245-6939.

Catherine M Brumbley
Regulatory Specialist III
Internet Support

FAX Aud. #: H22000360434
Letter Number: 322A00023684

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CX DESIGN LLC

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:

ELAINE V GRION MATTOS

Name of Person

CX DESIGN LLC

Firm/Company

5625 LAUREL CHERRY AVE

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

nanegrion@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELAINE V GRION MATTOS

305 724-4174
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(((H220003604843)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CX DESIGN 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 04/08/2021 and assigned
Florida document number L21000163855.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SPEECH LANE PLLC

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

City

Florida

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

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE BE ADVISED THAT THE COMPANY WILL PERFORM SPEECH THERAPY AS A
PROFESSIONAL SPECIALTY.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 24, 2022



Signature of a member or authorized representative of a member

ELAINE V GRION MATTOS

Typed or printed name of signee