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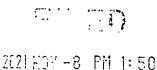
COVER LETTER

TO:

	Registration Se Division of Cor			
cup uca	SPEECHW	IZ, LLC		•
SUBJEC	.I: <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Alana Greene		
			Name of Person	
		SPEECHWIZ, LLC		
			Firm/Company	
		6875 N Cartee Rd.		
			Address	
		Palmetto Bay, FL 33158		
		-	City/State and Zip Code	
		speechwizmia@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
For furth	ner information e	oncerning this matter, please c	all:	
Alana G	ireene		305 803-1363	
	Name o	r Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for t	he 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		Street Address: Registration Sec	ction
Division of Corporations		Division of Corporations		
	P.O. Box 632		The Centre of T	
	Tallahassee,	たし <i>323</i> 14	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SPEECHWIZ, 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 $\frac{\text{June } 14,2021}{\text{June } 14,2021}$ ____ and assigned Florida document number 1.21000276344 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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.

City

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
MGR	Michol Wimberly	6875 N Cartee Rd	□Add
		Palmetto Bay, FL 33158	■Remove
			□Change
			□Remove
			Change
		<u> </u>	
			Remove
			□Change
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		<u>. </u>	□Add
			Remove
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			□Remove
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ffective date, if other than the o	late of filing:		(optional)	
an effective date is listed, the date must Note: If the date inserted in this blo	be specific and cannot be prior ck does not meet the applic	to date of filing or more t able statutory filing re	han 90 days after filing.) Pursuan quirements, this date will not	it to 605.0201 be listed as
ocument's effective date on the De			•	
record specifies a delayed effective d is filed.	date, but not an effective ti	me, at 12:01 a.m. on t	he earlier of: (b) The 90th d	ay after the
a is med.				
October 26	2021			
October 26	··	 ·		
March	eno			
	ignature of a member or author	orized representative of a	member	
Alana Greene				

Filing Fee: \$25.00