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COVER LETTER

TO:

TO: Registration S Division of Co			
Spoken W	eave LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Danielle Masseria		
		Name of Person	
	Spoken Weave LLC		S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed) Section Corporations f Tallahassee
		Firm/Company	
	528 NE 70th street		
		Address	
	Miami Florida 33138		
		City/State and Zip Code	<u> </u>
	Spokenweave@gmail.co		
	E-mail address: (to be used for future annual report not	iification)
For further information c	oncerning this matter, please c	all;	
Danielle Masseria		707 3208209	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addres Registration 5		Street Address:	ection
Division of C		Registration Se Division of Co	
P.O. Box 632	7	The Centre of	•
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spoken Weave LLC			
(Name of the Lin	nited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)	
The Articles of Organization for this Limited	Liability Company were file	ed on 08/18/2021	and assigned
Florida document number L21000370675	 .		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability com	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compa	ny," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	-	
	_ _		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or	registered office address o	n our records, enter the na	me of the new register
agent and/or the new registered office addr	ess here:		023 I
	Day III. AA		¥0 %
Name of New Registered Agent:	Danielle Masseria	<u> </u>	- 1 AF (2)
New Registered Office Address:	528 NE 70th Street		THE PROPERTY.
		Enter Florida street address	17 30
	Miami	, Florida ³	3138
	City		Ztp 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
ambrosia	Jason York	528 NE 70th Street Miami Florida 33138	□Add
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other than the date of filing: (If an effective date, listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.05 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. 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 ord is filed. Dated November 4 2021 Signature of a member or authorized representative of a member					
Effective date, if other than the date of filing:					
Effective date, if other than the date of filing:					
Effective date, if other than the date of filing:	-				
Effective date, if other than the date of filing:					
Effective date, if other than the date of filing:					
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Effective date, if other than the date of filing:					
Effective date, if other than the date of filing:					
(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 605.02. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. 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 filing.) Pursuant to 605.02. Dated November 4					
(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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. 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 rord is filed. Dated November 4 2021				-	
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Signature of a member or authorized representative of a member	Dated November 4	. 2021	·		
	I June	Signature of a member or	authorized representative	e of a member	
Danielle Masseria	Danielle Masseria	1			_

Filing Fee: \$25.00