122000098249

(Requestor's Name)
(Address)
(Address)
(1831000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Coodine ((unice))
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100385523361

04/14/22--01007--021 **25.00

2022 APR 14 PH 1: 42
SECRETARY OF STATE

A. BUTLER MAY 16 2022

COVER LETTER

TO: Registration Se Division of Cor				
UNLONEI	LY LLC	•	,	
Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Alpesh Patel			
		Name of Person		
	UNLONELY LLC			
		Firm/Company		
	5908 Breckenridge Parkw	ay		
		Address		
	Tampa, FL 33610			
		City/State and Zip Code		
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Alpesh Patel		813 304-2221		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	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 Section		<u>Street Address:</u> Registration Se	ection	
Division of Corporations			Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

UNLONELY 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 02/24/2022 TALLAHASSEE, Files This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TalkThru 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 ____ City

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 mv 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>	Name	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			Remove
			□ Change
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			□Remove
			□ Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
-	
-	
-	
_	
-	
-	
=	
-	
-	
-	
-	
_	
(If an eff	ive date, if other than the date of filing:
the recor	d 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 led.
Dated	APPZIL II . 2022
	Signature of a member or authorized representative of a member
	Manish Patel Typed or printed name of signee