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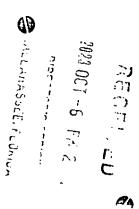
	(Requestor's Name)
	(Address)
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ı	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 150e Talk	Solutions LLC
Name of Li	mited Liability Company
The enclosed Articles of Amendment and fee(s) are st	abmitted for filing.
Please return all correspondence concerning this matter	er to the following:
	Name of Person
True to	Firm/Company
10206	White linen are
	City/State and Zip Code
E-mail address	to be used for future annual report notification)
For further information concerning this matter, please	call:
Lisce Hale Name of Person	at (850) 320-0020 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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 Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company (A Florida Limited Lia	v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L23000444</u> 087	were filed on $\frac{G/25/2o23}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	208 Oak Field dr St 1284 Brandon, Fl 33511
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	208 Oak Field dr 5+128 Brandon, FL 33511
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	idress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	.023
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	e 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
MGR	Lisa Hale	208 Oakfield dr st 12	284 
		Brandon, Fl 33511	□Remove
MGR	Tineil Dawis	10206 White linen ave	
		Riverview Fl 33578	Remove
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
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an cff ote:	ve date, if other than the date of filing:
recor Lis fil	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.
ated	Signature of a member or authorized representative of a member
	Sisu Hale
	Signature of a member or authorized representative of a member
	Lisa Hale Typed or printed name of signee

1711 T 635 00