

N13000010305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

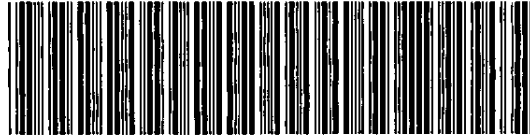
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700280639267

*Amend*

01/11/16--01026--021 \*\*35.00

FILED  
16 JAN 29 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
A RAMSEY  
FEB 01 2016

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SPEAK UP WEKIVA, INC.

DOCUMENT NUMBER: N13000010305

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charlie S. Martin, Esquire  
(Name of Contact Person)

Charlie S. Martin, PA  
(Firm/ Company)

Post Office Box 560683  
(Address)

Orlando, Florida 32856-0683  
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Charlie S. Martin, Esquire at 407 264-7330  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
16 JAN 29 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 13, 2016

CHARLIE S. MARTIN  
P.O. BOX 560683  
ORLANDO, FL 32856-0683

SUBJECT: SPEAK UP WEKIVA, INC.  
Ref. Number: N13000010305

We have received your document for SPEAK UP WEKIVA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 116A00000858

RECEIVED  
16 JAN 29 PM 2:50  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

16 JAN 29 PM 12:34

SPEAK UP WEKIVA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

N13000010305

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:  
(Principal office address **MUST BE A STREET ADDRESS**)

215 Albrighton Court  
Longwood, Florida 32779

C. Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

215 Albrighton Court  
Longwood, Florida 32779

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Dan Kon  
215 Albrighton Court  
*(Florida street address)*  
New Registered Office Address:  
Longwood, Florida 32779  
*(City) (Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:  
*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

*Dan Kon*  
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Emily Turner</u>	<u>5478 Markham Wood Road</u> <u>Lake Mary, Florida 32746</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Nancy Kon</u>	<u>215 Abrighton Court</u> <u>Longwood, Florida 32779</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Randal Turner</u>	<u>5478 Markham Wood Road</u> <u>Lake Mary, Florida 32746</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ST</u>	<u>Dan Kon</u>	<u>215 Abrighton Court</u> <u>Longwood, Florida 32779</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>CHARLES W. O'NEAL</u>	<u>2329 PARK VILLAGE PLACE</u> <u>APOPKA, 32712</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			



The date of each amendment(s) adoption: 1/6/16, if other than the date this document was signed.

Effective date if applicable: 1/6/16  
(no more than 90 days after amendment file date)

**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.

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 1/26/16

Signature Nancy Kon  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Nancy Kon  
(Typed or printed name of person signing)

president  
(Title of person signing)