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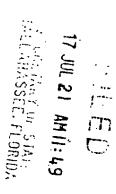
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to F	Filing Officer:	

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COVER LETTER

TO: Registration S Division of Co			
Interiors b	y Jackie Brown		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jackie Brown		
		Name of Person	· · ·
	Initial Social Media		
		Firm/Company	
	122 W Fern St		
		Address	
	Tampa, FL 33604		
	-	City/State and Zip Code	
	jdkb06@gmail.com		
For further information of	E-mail address: (concerning this matter, please e	to be used for future annual report notifiall:	cation)
Jackie Brown		512 525-3228	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed 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:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Interiors by Jackie Brown		
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records. a Limited Liability Company)	<u>,</u>
The Articles of Organization for this Limited Liability C	Company were filed on 8/15/2015	and assigned
Florida document number 39-8016806624-7		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Initial Social Media, LLC		
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
		·
Enter new mailing address, if applicable:		(1) (2)
(Mailing address MAY BE A POST OFFICE BOX)		7 J
		SE
B. If amending the registered agent and/or regis		enter the name of the ne
registered agent and/or the new registered office add	lress here:	
		4.01 6.4
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	Zip 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
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			Remove
			□ Change
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Affective date, if other than that if an effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	nust be specific and canno block does not meet th	re applicable statut	ling or more than 90 days a	ptional) after filing.) Pursuant to 605.02 this date will not be listed:
e record specifies a delay The 90th day after the re	ed effective date, ecord is filed.	but not an effe	ctive time, at 12:0	1 a.m. on the earlier
7-17 Dated				
	Signature of a member	MULLE of or authorized repre-	F. Bungsentative of a member	

Page 3 of 3

Filing Fee: \$25.00