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| (Re | equestor's Name) | | |
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| (Ad | ldress) | | |
| (Ad | ldress) | · · · · · · · · · · · · · · · · · · · | |
| (Cit | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nan | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to | Filing Officer: | | |
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Office Use Only

G. MCLEOD

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EXAMINER



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SECRETARY OF SIGNED DIVISION OF CURPORATION

COVER LETTER

| TO: | Registration Sec Division of Corp | | | • | ; | |
|----------------|---|--|--|-------------------------|---------------|--|
| SUBJE | CT: | Social Med | dia Platform, LLC | | | |
| | | Name of Limi | ted Liability Company | | | |
| | | mendment and fee(s) are sub | - | | | |
| Please 1 | return all correspon | dence concerning this matter | to the following: | | | |
| | Sonja R. Dyess | | | | | |
| | | | Name of Person | | | |
| | | Soc | Social Media Platform, LLC | | | |
| | | | Firm/Company | | | |
| | 1233 Lake Parke Drive | | | | | |
| | | Address | | | | |
| | | Ja | Jacksonville, FL 32259 | | | |
| | | | City/State and Zip Code | | | |
| | sonja@smp4you.com E-mail address: (to be used for future annual report notification) | | | | | |
| For furt | her information co | ncerning this matter, please c | all: | | | |
| | So | nja Dyess | at (904) | 687-9357 | | |
| Name of Person | | Person | Area Code & Da | nytime Telephone Number | | |
| Enclose | ed is a check for the | e following amount: | | | | |
| | .00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is encl | losed) Certified | e of Status & | |
| | Registra | NG ADDRESS: tion Section of Corporations | STREET/CO Registration S Division of Co | orporations | | |

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| So | ocial Media Platform, LLC | | | |
|--|--|---------------------------------------|-------------------------|--|
| (Name of the Limited | Liability Company as it now appea A Florida Limited Liability Company) | irs on our records.) | | |
| The Articles of Organization for this Limited L | he Articles of Organization for this Limited Liability Company were filed on | | | |
| Florida document numberL0900011 | 0199 | | | |
| This amendment is submitted to amend the foll | owing: | | | |
| A. If amending name, <u>enter the new name o</u> | f the limited liability company he | <u>re</u> : | | |
| The new name must be distinguishable and end wi "L.L.C." | th the words "Limited Liability Comp | | LC" or the abbreviation | |
| Enter new principal offices address, if applic | cable: | مشب | , DIV | |
| (Principal office address MUST BE A STREI | | | O VISIO | |
| | | | R SE | |
| | | | 7 50 50 | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | <u>= 0</u> . | |
| | | | 5 52 | |
| B. If amending the registered agent and registered agent and/or the new registered o | | our records, <u>enter t</u> | he name of the new | |
| Name of New Registered Agent: | Sonja R. Carrier-Dyess | · · · · · · · · · · · · · · · · · · · | | |
| New Registered Office Address: | 1233 Lake Parke Drive | | | |
| | E | Enter Florida street address | | |
| | Jacksonville | , Florida | 32259 | |
| | City | | Zip Code | |
| New Registered Agent's Signature, if changing | Registered Agent: | | | |

Page 1 of 2

Honja R. (August Dyess
If Changing Registered Agent, Signature of New 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

| MGRM = N | 1anaging Member | | |
|--------------|---------------------------------|---|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGRM | Jessica Boree | 6969 Ricker Road Jacksonville, FI | Add Remove |
| | | | Add Remove |
| D. If amend | ding any other information, ent | ter change(s) here: (Attach additional sheets, if necessary.) | _ |
| | | | |
| | January 25 | , <u>2010</u> . | |
| | Aoria R. G Signature of | a member or authorized representative of a member | ···· |
| | | Sonja R. Carrier-Dyess Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00