

L11000021904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

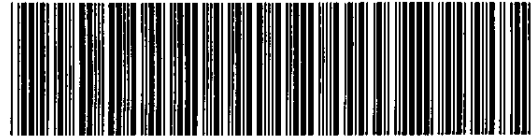
(Business Entity Name)

(Document Number)

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11 OCT 31 PM 4:57  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

B. BOSTICK  
NOV 1 - 2011  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Social Discovery Applications LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Jacobson

Name of Person

Social Discovery Applications LLC

Firm/Company

3208 W Knights Ave

Address

Tampa, FL 33611

City/State and Zip Code

dshjacobson@gmail.com

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

For further information concerning this matter, please call:

David Jacobson

Name of Person

at ( 813 )

391-7519

Area Code & Daytime Telephone Number

Enclosed is a check for the 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  
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

FILED  
11 OCT 31 PM 4:57  
STATE  
TALLAHASSEE  
FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Social Discovery Applications 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 February 21, 2011 and assigned Florida document number L11000021904.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with 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)**

2907 W. Sittios St.  
Tampa, FL  
33629

**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

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 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 Changing Registered Agent, Signature of New Registered Agent**

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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mr	Rafael Serrano MGRM	6306 S Macdill Ave #501 Tampa, FL 33611	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mr	Jason Epperson MGRM	6810 S. Court Dr. Tampa, FL 33611	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mr	Howard G Clark MGRM	3312 Woodley Rd NW Washington, DC 20008	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated Oct 10, 2011

Signature of a member or authorized representative of a member

David Jacobson

Typed or printed name of signee

STATE OF FLORIDA  
TALLAHASSEE

11 OCT 31 PM 4:57

FILED

**TO: Dept of State, Div of Corporations**

**FROM: David Jacobson, Social Discovery Applications LLC**

**RE: Amendments**

**DATE: October 28, 2011**

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**Please find documents that include**

- 1) Changes to additional partners as per your request (noting their MGRM status).**
- 2) Please note new principle office address: 2907 W Sitios St, Tampa, FL 33629 (noted in appropriate place on form)**

FILED  
11 OCT 31 PM 4:57  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2011

DAVID JACOBSON  
SOCIAL DISCOVERY APPLICATIONS LL  
3208 W. KNIGHTS AVENUE  
TAMPA, FL 33611

SUBJECT: SOCIAL DISCOVERY APPLICATIONS LLC  
Ref. Number: L11000021904

We have received your document for SOCIAL DISCOVERY APPLICATIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 111A00023715