L12000077674

(Requestor's Name)				
(Ac	ldress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Na	me)		
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





700237719867

08/06/12--01025--012 **25.00

TALLAHASSEE, FLORIDA

B. BOSTICK
AUG - 7 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Social y Loud Company 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:
Randa Quraan Name of Person Socially Loud, CC Firm/Company Address Address City/State and Zip Code Socially Loud, CC All Street To Street
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305 984-875) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Socially	Loud,	UC	
(Name of the Limited)	Liability Company as it no Florida Limited Liability Co	ow appears on our records.) ompany)	
The Articles of Organization for this Limited Lia	bility Company were file	d on 6 12 201	2_ and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, <u>enter the new name of</u>	the limited liability com	pany here:	
The new name must be distinguishable and end with	the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation
L.L.C."	M.		
Enter new principal offices address, if applica			A: 12
Principal office address MUST BE A STREET	AUUKESSI		F 6 11
			S
Enter new mailing address, if applicable:			SE DE
(Mailing address MAY BE A POST OFFICE BOX)			78 F
)
B. If amending the registered agent and/or the new registered offi		ress on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Randa's	Consult	ing Inc
New Registered Office Address:	2575- NT	5 214th S	street
-		Enter Florida street a	ddress
	Miami	, Florida _	33180
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Type of Action <u>Title</u> <u>Address</u> **Name** ☐ Add ☐ Remove Add Remove N <u>Co∏</u>Renfi6ve Mod Add Rentove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Hugust Signature of a member or authorized representative of a member anda raar Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00