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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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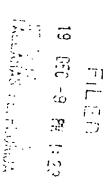
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COVER LETTER

| Division of Co | rporations | | |
|---------------------------------|--|---|---|
| ACTIVE | AND SOCIAL AMERICA, LI | LC | |
| SUBJECT: | | | |
| | | nited Liability Company | |
| | | | |
| T | | | |
| The enclosed Articles of | Amendment and fee(s) are suit | bmitted for filing. | |
| Please return all correspondent | ondence concerning this matter | r to the following: | |
| | Jason Thomas | | |
| | | Name of Person | |
| | | . and of t cison | |
| | | | |
| | | Firm/Company | |
| | 2157 Lake Drive | | |
| | | Address | |
| | Winter Park, FL 32789 | | |
| | | | |
| | jasonthomas123488@gma | City/State and Zip Code iil.com | |
| | E-mail address: | to be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please c | all: | |
| Jason Thomas | | | |
| | | at (321) 285 - Area Code Daytim | - 9436 |
| Name o | f Person | Area Code Daytim | e Telephone Number |
| | | | |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS: Registration Section

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**

ACTIVE AND SOCIAL AMERICA, LLC

| (ivaine of the Lim | (A Florida Limited l | ny as it now appears o Liability Company) | n our records.) | -11 T(1) |
|---|--|--|------------------------------|----------------------------|
| The Articles of Organization for this Limited I Florida document number | | 21613 | . 7 | and assigned |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liah | ility company here | : | |
| he new name must be distinguishable and contain the | words "Limited Liabil | ity Company " the desig | enation "LLC" or th | ne abbreviation "L. [. C." |
| | | 2157 Lake Drive | 5.114.1017 DE O 01 11 | ic doore viation E.E.C. |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | Winter Park, FL 3 | 2789 | |
| Enter new mailing address, if applicable: | | | | |
| Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE . If amending the registered agent and | <i>BOX)</i> /or registered of | fice address on ou | ır records, <u>en</u> l | ter the name of the |
| nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u> . If amending the registered agent and | <i>BOX)</i> /or registered of | fice address on ou | ır records, <u>enl</u> | ter the name of the |
| nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE If amending the registered agent and egistered agent and/or the new registered o | BOX) /or registered of ffice address here | : | ır records, <u>en</u> l | ter the name of the |
| Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE . If amending the registered agent and egistered agent and/or the new registered of New Registered Agent: | BOX) /or registered of ffice address here Jason Thomas | : | | ter the name of the |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent: | BOX) /or registered of ffice address here Jason Thomas | :: /c | | 32780 |

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

Page 1 of 3

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 |
|--------------|-------------|---------|----------------|
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| F Effect | tive date, if other than the date of filing: (optional) |
| (If an ef | fective date, it office that the date of filing (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) |
| Note: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| docun | ment's effective date on the Department of State's records. |
| | |
| If the re | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: |
| (b) The | e 90th day after the record is filed. |
| | |
| Dated | JECEMBER 4-7019 |
| - | DECEMBER 4-2019. |
| | |
| | (Signature of a member or authorized representative of a member |
| | 1 |

Page 3 of 3

Filing Fee: \$25.00