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(Re	questor's Name)	
(Ad	dress)	
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· (Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECURETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	ŧ	*		¥
SUBJECT: Socia	Name of Limited	On line, Liability Company	uc	
The enclosed Articles of Amendmen	nt and fee(s) are submit	ted for filing.		
Please return all correspondence cor	cerning this matter to t	he following:		
	Derek	Name of Person	ley	
- 	Social	Seals (Online	.uc
	488 Doc	201as Ede	ward Di	2
		wee FL ity/State and Zip Cod	34761	
		Lleycoma	(1-com)	
For further information concerning t	his matter, please call:			
Derel P Name of Person	Duckley	at (919) (Area Co	de & Daytime Telepi	none Number
Enclosed is a check for the following	g amount:	•		
	0 Filing Fee & tificate of Status	□\$55.00 Filing Fee Certified Copy (additional copy		2\$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

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

FILED 2013 JUL - 1 PH 12: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Social De	als Online, LLC	TALLAHASSEE, FLORIDA
	ity Company as it now appears on c a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street address
_		, Florida
	City	Zip Code
Now Desistered Agent's Signature if shanging Desiste	red Agents	

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 = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** Douglas Edward DR X Add Derek Bucklap Remove Remove Remove Remove Add Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	Please add Manager Derek & Buckley
	as owner.
	
Dated	JUNE 27, 2013.
	Dale Beller
	Signature of member or authorized representative of a member
	Typed of printed name of signee
	D 2 6.2

Page 3 of 3

Filing Fee: \$25.00

FILED IN D. 15