

L13000091826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2013 AUG - 8 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Ouffigan AUG - 9 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **WHOgoSocial, 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:

Bert Oliva

Name of Person

Firm/Company

12080 SW 127th Ave Ste 305

Address

Miami, FL 33186

City/State and Zip Code

info@bertoliva.com

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

For further information concerning this matter, please call:

Alexa Oliva

Name of Person

at **(888) 711-2044**

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2013 AUG -8 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WHOGoSocial, 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 6/26/2013 and assigned
Florida document number L13000091826.

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**)

12080 SW 127th Ave Ste. 305

Miami, FL 33186

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

12080 SW 127th Ave Ste. 305

Miami, FL 33186

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:

Valerie Almaguer

New Registered Office Address:

12080 SW 127th Ave Ste. 305

Enter Florida street address

Miami

, Florida 33186

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.

Valmaquer
If Changing Registered Agent, Signature of New Registered Agent

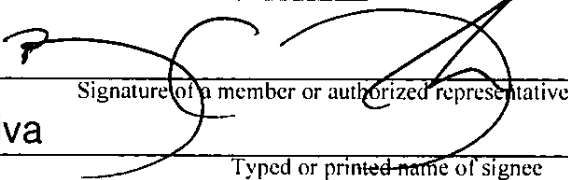
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GUILLERMO LOZANO VALENCIA	12080 SW 127TH AVE.	<input type="checkbox"/> Add
		Miami, FL 33186	<input checked="" type="checkbox"/> Remove
MGR	Valerie Almaguer	12080 SW 127 Ave Ste 305	<input checked="" type="checkbox"/> Add
		Miami, FL 33186	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated August 5, 2013


Signature of a member or authorized representative of a member
Bert Oliva
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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