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JUL 22 ZOZO S. YOUNG

COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person Name of Person Anda Breagan Law Ll (Firm/Company Loo S. Dixire Highway Suite 400-B
Address City/Slate and Zip Code City/Slate and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (S61) 445-463 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S30.00 Filing Fee S25.00 Filin
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp.	any as it now appears on our rec Liability Company)	ords.) 220
The Articles of Organization for this Limited Liability Company Florida document number	_	2014 and assigned
A. If amending name, enter the new name of the limited liab	oility company here:	3 .
The new name must be distinguishable and contain the words Limited Liab	ility Company." the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Socella	W. LLC
(Principal office address MUST BE A STREET ADDRESS)	301 Yamat	0 Road Suite 1240 Dr. FL 33431
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	iter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
		. 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 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 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
			□ Add
			□ Remove
			Change
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record d is file		l effective date, but n	not an effective t	ime, at 12:01 a.	m. on the earlier of:	(b) The 90th day aft	er the
Dated _	June	-12 Le		DO			
	\sim						
		Signature of	a member or auth	norized representa	tive of a member		

Filing Fee: \$25.00