

L14000131627

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(Business Entity Name)

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OCT 23 2014

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bubble Social App 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:

Nasser Almulla
Name of Person
Bubble Social App
Firm/Company
1400 Lake Baldwin Ln #A
Address
Orlando FL 32814
City/State and Zip Code
nasser@bubble-social-app.com
E-mail address: (to be used for future annual report notification)

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14 OCT 20 2:00 PM
TALLAHASSEE, FL

For further information concerning this matter, please call:

Nasser Almulla at (407) 250-6777
Name of Person 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**

Bubble Social App 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 8/21/14 and assigned
Florida document number L14000131627

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

No change

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)

No change

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

No change

Enter Florida street address

City, Florida 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 Changing Registered Agent, Signature of New Registered Agent

No change

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Nasser Almulle	No change	<input type="checkbox"/> Add <input checked="" type="checkbox"/> No change <input type="checkbox"/> Remove
MGR	Antonio Augusta Senra	(add middle name)	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Revise <input type="checkbox"/> Remove
MGR	Douglas Jacob Woodrow	6681 Babcock St. Fort Myers, FL 33966	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Revise <input type="checkbox"/> Remove
MGR	Chayel Julian Heinzen	Chayel Julian Heinzen 14627 Salinger Rd Orlando FL 32828	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Kathleen Almulle	3516 Tern Hollow Dr. Orlando FL 32828	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

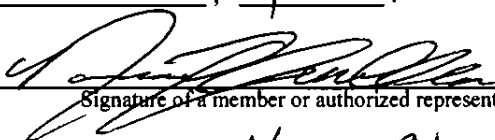
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Just updating members

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 9/15, 14.



Signature of a member or authorized representative of a member

Nasser Almulla

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE 11TH JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE, FLORIDA

Full name: Antonio Augusto Senra

Address: 2348 Buckingham Run Ct. Orlando, Florida 32828.

Name: Douglas Jacob Woodrow

Address: 6681 Babcock Street, Fort Myers, FL 33966

Chayel Julian Heinsen

14627 Salinger Road

Orlando, FL 32828

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Registered Agent Name****Florida Limited Liability Company**

BUBBLE SOCIAL APP LLC

Filing Information

Document Number L14000131627
FEI/EIN Number NONE
Date Filed 08/21/2014
State FL
Status ACTIVE
Effective Date 08/15/2014

Principal Address

1400 LAKE BALDWIN LANE
SUITE A
ORLANDO, FL 32814

Mailing Address

1400 LAKE BALDWIN LANE
SUITE A
ORLANDO, FL 32814

Registered Agent Name & Address

ALMULLA, NASSER S
3516 TERN HOLLOW DRIVE
ORLANDO, FL 32828

Authorized Person(s) Detail**Name & Address**

Title MGR

ALMULLA, NASSER S
3516 TERN HOLLOW DRIVE
ORLANDO, FL 32828

Title MGR

SENRA, ANTONIO
2348 BUCKINGHAM RUN CT
ORLANDO, FL 32828

Title MGR

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WOODROW, DOUG
3516 TERN HOLLOW DRIVE
ORLANDO, FL 32828

Annual Reports

No Annual Reports Filed

Document Images

08/21/2014 -- Florida Limited Liability

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State of Florida Department of State

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