

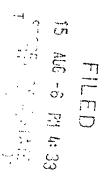
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AUG 07 2015 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor					
Breaking F SUBJECT:	ree Business Solutions, LLC				
SUBJECT.	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	-			
	Brianne Bouma				
	- 1	Name of Person			
	Breaking Free Business So	olutions, LLC			
		Firm/Company			
	86257 Fieldstone Dr				
		Address			
	Yulee, FL 32097				
		City/State and Zip Code		· · · · · · · ·	
	bri.bouma@gmail.com			, '	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notifica all:	ation)		
Brianne Bouma	· /1	904 583-4191 at ()		0)	
Name o	f Person		elephone Number	# 33	
Enclosed is a check for th	ne 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 St Certified Copy (additional copy is e	atus &	

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**

Breaking Free Business Solutions, LLC					
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on May 26, 2015	and assi	gned		
Florida document number L15000092137					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The Sociable Penguin LLC					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	previation "L.L	.C."	_	
Enter new principal offices address, if applicable:	86257 Fieldstone Dr			_	
(Principal office address MUST BE A STREET ADDRESS)	ESS) Yulce, FL				
	32097			_	
Enter new mailing address, if applicable:	86257 Fieldstone Dr				
(Mailing address MAY BE A POST OFFICE BOX)	Yulee, FL			_	
	32097				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		the name o	f the	<u> </u>	
New Registered Office Address:	Enter Florida street address		20		
		212 € 4.3 	21A	•	
	, Florida	Zip Code	<u> </u>	_	
New Registered Agent's Signature, if changing Registered Agent:		, .	نټ		

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

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
MGR	Brianne Bouma	86257 Fieldstone Dr	Add
i		Yulee, FL	■ Remove
		32097	☐ Change
4,,444			Add
			□ Remove
			Change
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			Remove
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	(
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date	(optional) c of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)	(b)
te: If the date inserted in this block does not meet the applicable s	tatutory filing requirements, this date will not be listed as the	
ument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an he 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:	
ne sour day arter the record is med.	7 from 1 may 1998 2873	
ed August 3 , 2015	· 7a3	
ed	· 2:	
Painhha Dai	DO O	
	JVII.K. '	
Signature of a member or supported	representative of a member	المحادث و
Signature of a member or authorized	representative of a member	1

Page 3 of 3

Filing Fee: \$25.00