L1600000 9654

(Requestor's Naime)	
(Address)	400340924
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	02/104/204-40113204-
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
	NS SOCIAL LLC	•	
SUBJECT:	Name of Lim	ited I iability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ASHLEY A STEPHENS		
		Name of Person	
	STEPHENS SOCIAL LL	¢	
		Firm/Company	
	826 W SMITH ST		
		Address	
	ORLANDO, FL 32804		
	JSCHAARE3519@GMAI	City-State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	concerning this matter, please or	ull.	
ASHLEY A STEPHEN	IS	828 318-6670	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	TI \$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)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Corp	oorations
P.O. Box 631	<u>'</u> /	The Centre of Ta	ananassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEPHENS SOCIAL LLC			
(<u>Name of the Limited</u> (/	Liability Compa Florida Limited	uny as it now appears on our reco Liability Company)	<u>rds.</u>)
he Articles of Organization for this Limited Liaborida document number L16000009654	oility Company	were filed on 01/11/2016	and assigned
his amendment is submitted to amend the follow	ving:		
. If amending name, enter the new name of t	he limited liab	oility company here:	
ADEWELL CREATIVE LLC			
ne new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applical	ole:	N/A	
Principal office address MUST BE A STREET	<u>ADDRESS)</u>		
,			
nter new mailing address, if applicable:		N/A	<u> </u>
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
			7
. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:		address on our records, <u>ent</u>	er the name of the new regist
Name of New Registered Agent.			
New Registered Office Address:	N/A	Enter Florida street add	ress
		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

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>	Name	Address	Type of Action
		N/A	⊡Add
			□Remove
			□Change
			□Add
			□Remove
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ctive date, if other than the da effective date is listed, the date must be	te of filing:		(optional)	
e: If the date inserted in this block	does not meet the applical	date of himg or more the ole statutory filing req	an 90 days after filing. uirements, this date	.) Pursuant to 605.02 will not be listed
ament's effective date on the Depa	riment of State's records.			
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FEBRUARY 1	2020			
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