LIL 0000 24227

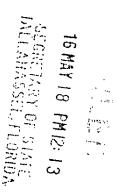
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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MAY 20 2016 J SHIVERS



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2016

SOFRIENDLY LLC JUSTIN MITCHELL 111 E MONUMENT AVE, STE. 401 KISSIMMEE, FL 34741

SUBJECT: SOFRIENDLY LLC Ref. Number: L16000024227

We have received your document for SOFRIENDLY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 605, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 616A00009475

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	SoFriendly			
		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Justin Mitchell		
			Name of Person	
		SoFriendly LLC		
			Firm/Company	
		111 E Monument Ave. Sui	te 401	
			Address	
		Kissimmee, FL 34741		
			City/State and Zip Code	
		justin@sofriend.ly		
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Justin Mitch	ell		321 300-5591 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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

TO:

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**

SOFRIENDLY LLC	•	
(<u>Name of the Limited Lin</u> (A Fle	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000024227	ty Company were filed on 02/04/2016	and assigned
his amendment is submitted to amend the following	g:	
a. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words "	'Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	DDRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	
	-	
 If amending the registered agent and/or registered agent and/or the new registered office a 		ter the name of the
Name of New Registered Agent:		66 577 A
New Registered Office Address:		X .
	Enter Florida street address	3 P
	, Florida	
	City	⊇ Zip Code

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.

New Registered Agent's Signature, if changing Registered Agent:

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
AMBR	VIREKA CONSULTING PRIVAT	12, JIN MANGAL BUNGLOW, B	
		AHMEDABAD, GJ 38005-4 IN	■ Remove
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			□ Remove
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ctive date, if other than the	e date of filing:	(optional) ²	•	
e: If the date inserted in this b	lock does not meet the applicable statu	itory filing requirements, this date	will not b	e listed
iment's effective date on the D	Department of State's records.			
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ecord specifies a delaye	d effective date, but not an eff	ective time, at 12:01 a.m.	on the e	earlier
ne 90th day after the rec	cora is filea.			
ed April 21	2016			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00