116000027707

(Re	questor's Name)	
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SEGRETARY OF STATE
TALLAHASSCE, FLOSIDA



Division of Corporations FLORIDA DEPARTMENT OF STATE

October 24, 2016

FT LAUDERDALE, FL 33304 1419 N ATLANTIC BLVD **SOCIAL SENSEI** EMILY C ROWE

Ref. Number: L16000027707 SUBJECT: SOCIAL SENSEI LLC

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

one person acting as an authorized representative. Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by

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

If you have any questions concerning the filing of your document, please call

(820) 542-6021:

Letter Number: 416A00022757

Regulatory Specialist II Shelia H Young

gro.zidnus.www

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

Division of Corp				
SUBJECT:		Docial Sensei Lited Liability Company	LC_	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Emily	C Rove Name of Person		
	Socia	Sense! Firm/Company		3 F. C.
	1419 N.	Atlantic Blvd.		ALLANVSSE 16 OCT 21
	_ Fort Laud	erdale, FL, 33301 City/State and Zip Code	4	ETELORIDA PH 12: 52
	5001015895 E-mail address: (rimarketing@and to be used for future annual report hotif	lail.com	52
For further information co	oncerning this matter, please ca	all:		
Emily (C Rowe	at (<u>954</u>) <u>830</u> Area Code Daytime	- 7009 Telephone Number	
Enclosed is a check for th	-			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclose	
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Social Ser	rsei LLC	
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our re orida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabili Florida document numberL_00062_7107		, 2016 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
<u> </u>		
The new name must be distinguishable and contain 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 AL	ODRESS)	78
		<u></u>
		1 TH
Enter new mailing address, if applicable:		- 22
(Mailing address MAY BE A POST OFFICE BOX	2	PA
		52 52
B. If amending the registered agent and/or registered agent and/or the new registered office a		ords, enter the name of the new
registered agent und/or the new registered office	address here.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
_		, Florida
N 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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 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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Taylor L Caraballo	1419 N. Atlantic Blud., For	
		Lauderdale, FL, 33304	⊅ Remove
		·	Change
			Add
			☐ Remove
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			Add C1
			Add CT 21 emove PM 12: 52
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D. If am	nending any other information, onter change(s) here: (Attach additional sheets, if necessary.)		
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Note:	tive date, if other than the date of filing: [Coptional] [Coptional]	05.0207 (sted as t	3)(b) he
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earle 90th day after the record is filed.	ier of:	
Dated	November 9, 2016.		
	Smith & Since		
	Symptotic of a member or authorized representative of a member		
	Dimily Prince		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00