

L16 000127321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

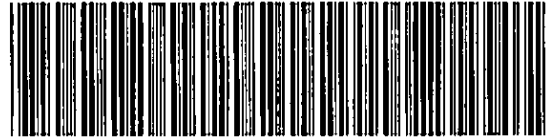
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05/18/20--01018--011 \*\*43.75

2020 AUG 17 AM 9:14

C. GOLDEN

AUG 22 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SO SOCIAL CONSULTING 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:

TIFFANY MARSHALL

Name of Person

Firm/Company

2620 NORTH AUSTRALIAN AVENUE SUITE 100S

Address

WEST PALM BEACH, FLORIDA 33407

City/State and Zip Code

SOSOCIALCONSULT@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIFFANY MARSHALL

561 809-7959  
at ( )

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



2020 JUL 17 PM 3:00

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 11, 2020

TIFFANY MARSHALL  
2620 NORTH AUSTRALIAN AVENUE  
SUITE 100S  
WEST PALM BEACH, FL 33407

SUBJECT: SO SOCIAL CONSULTING, LLC  
Ref. Number: L16000127321

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 620A00013506



2020 JUN 05 AM 11:05

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2020

TIFFANY MARSHALL  
2620 N AUSTRALIAN AVENUE  
SUITE 100S  
WEST PALM BEACH, FL 33407

SUBJECT: SO SOCIAL CONSULTING, LLC  
Ref. Number: L16000127321

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 220A00011166

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SO SOCIAL CONSULTING LLC

2017 05 17 PM 9:14

(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 07/05/2016 and assigned Florida document number L16000127321.

This amendment is submitted to amend the following:

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

CLEAR RESOURCE MARKETING GROUP LLC

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:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(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:

NA

New Registered Office Address:

*Enter Florida street address*

Florida

*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



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

NA

**E. Effective date, if other than the date of filing:** 06/25/2020 **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 25 2020



Signature of a member or authorized representative of a member

TIFFANY MARSHALL

Typed or printed name of signee