

L16000193366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

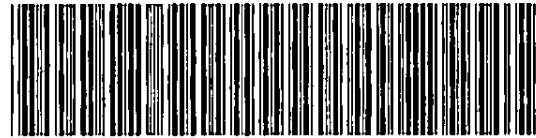
(Business Entity Name)

(Document Number)

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T. MATTHEWS

DEC 10 2021

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: SOCOSIX STRATEGIES 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:

SHANNON M. PRESSLEY

Name of Person

SOCOSIX STRATEGIES LLC

Firm/Company

171 BROOKS ST. UNIT 306/308

Address

FORT WALTON BEACH, FL 32548

City/State and Zip Code

SHANNONP@SOCOSIX.COM

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

For further information concerning this matter, please call:

SHANNON PRESSLEY

Name of Person

850  
at ( )

Area Code

218-9043

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

21 NOV 24 PM 3:11

SOCOSIX STRATEGIES, LLC

(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 10/19/2016 and assigned  
Florida document number L16000193366.

This amendment is submitted to amend the following:

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

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 ADDRESS)**

171 BROOKS ST. UNIT 306/308

FORT WALTON BEACH, FL 32548

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

171 BROOKS ST. UNIT 306/308

FORT WALTON BEACH, FL 32548

**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:

New Registered Office Address:

171 BROOKS ST. UNIT 306/308

*Enter Florida street address*

FORT WALTON BEACH

*City*

Florida 32548

*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

21 NOV 24 PM 3:11

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PRESSLEY, SHANNON M	171 BROOKS ST. UNIT 306/308	<input type="checkbox"/> Add
		FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Richard and Linda Ryer Revocable Trust dated April 7, 2010	342 SUDDUTH CIR.	<input checked="" type="checkbox"/> Add
		FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	RYER, RICHARD T		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MANZI, JAMES M II	171 BROOKS ST. UNIT 306/308	<input type="checkbox"/> Add
		FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

21 NOV 24 PM 3:11

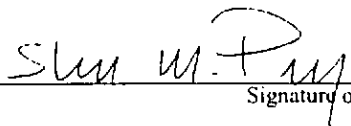
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 NOVEMBER 18 2021



Signature of a member or authorized representative of a member

SHANNON M. PRESSLEY

Typed or printed name of signee

**Filing Fee: \$25.00**