L16000193366

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900389593929

06/21/22--01028--008 ++25.00

2022 JTT 21 FN 3:14

of 9/12/2022

COVER LETTER

TO:

TO: Registration S Division of Co		
	STRATEGIES LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
	SHANNON M. PRESSLE	Y
		Name of Person
	SOCOSIX STRATEGIES	LLC
	-	Firm/Company
	171 BROOKS ST., SUITE	308
	-	Address
	FORT WALTON BEACH	. FL 32548
		City/State and Zip Code
	SHANNONP@SOCOSIX.0	TOM to be used for future annual report notification)
For further information	concerning this matter, please o	
SHANNON PRESSLEY	Ý	850 716-1160 ext 6105
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 & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Section
Division of C	Corporations	Division of Corporations
P.O. Box 63 Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

SOCOSIX STRATEGIES LLC

2022 JUL 21 PH 3: 14

(A Florida Limited L	ability Company)	•,	
The Articles of Organization for this Limited Liability Company Florida document number L16000193366	were filed on 10/19/2016	and assigned	
This amendment is submitted to amend the following:			
Chis 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) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. 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:			
amending name, enter the new name of the limited liability company here: w name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS) r new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change	performance of my duties, and 1 provided for in Chapter 605, F.S. address, 1 hereby confirm that th	am familiar with and Or, if this document is	

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>	<u>Address</u>	Type of Action
coo	PATRICK V SMITH	171 BROOKS ST.	≡ ∧dd
		UNIT 306/308	□Remove
		FORT WALTON BEACH, FL 32548	□Change
			⊡∧dd
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		_	□Add
			Remove
			Change
			□Add
			□Remove
			□Change

	- 11-1			
-		-		
		.		
4				
	····		· -	
-				
fective date, if other than an effective date is listed, the date ote: If the date inserted in the ocument's effective date on the	s block does not meet the	applicable statutory	or more than 90 days after filling requirements, thi	onal) tiling.) Pursuant to 605.0203 s date will not be listed as
record specifies a delayed efforis filed.	etive date, but not an effe	etive time, at 12:01:	a.m. on the earlier of: (t) The 90th day after the
JUNE 13	2022			
atcu	· —	·		
Jul	11/1/2			
Jun W	Signature of a member	or authorized represen	tative of a member	

Filing Fee: \$25.00