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COVER LETTER

TO:

Registration Section Division of Corporations

CUBICT	Social Media, LLC	•		
Sobotici.		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jennifer Collop			
		Name of Person		
		Firm/Company		
	21320 SW 106th Lane Roa			
	Dunnellon, FL 34431	Address		
	Dunnerion, PL 54431	City/State and Zip Code		
	jen.collop@4creationmedia	.com		
Cor further information of	E-mail address: (oncerning this matter, please c	to be used for future annual report not	ification)	
	oncerning this matter, please c			
Jennifer Collop Name o	f Person	352 494-1251 at () Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration S	Section	Street Address: Registration Se		
Division of Corporations P.O. Box 6327		The Centre of	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4 Creation Social Media, 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 February 28, 2017 __ and assigned Florida document number L17000046764 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 4 Creation Media, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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: Enter Florida street address

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.

City

_, Florida ___

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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ffective	date, if other than the date of filing: (optional)	
an effect	ve 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	
	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste is effective date on the Department of State's records.	ed as t
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
. 13 11166		
	Mais 21 2020	
ated		
ated	May 21 2020 Signature of a member or authorized representative of a member	

EU: E CARAC

Typed or printed name of signee