(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 305 SOCIOL MOY Ketting 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:
NICOLE SCOH BONIO Name of Person
305 SOCIAL MAYKETING LLC
7001, Stirling rd. apt. 18105
Davie, FL 33314
City/State and Zip Code 30580000000000000000000000000000000000
For further information concerning this matter, please call:
Name of Person at 305 Q24-2271 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ Certified Copy □ Certifie

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

(A Florida Limited Liability Company)

(11 I Mild Miller)	addity company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700002412</u> .	were filed on MOYCh 17, 2017 and assigned
Florida document number <u>LTTAXXVVLTTL</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	bity Company." the designation "LLC" or the abbreviation "L.L.C."
The new factor and the second	20 NIN HOTHOL
Enter new principal offices address, if applicable:	OLIVVI IUT-OI
(Principal office address MUST BE A STREET ADDRESS)	MICHILIFU 30109 1
	27 NIVA 11074407
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Milmit 20109
B. If amending the registered agent and/or registered of	ffice 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:	
Mary Davietanal 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 peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	d from our records:	nage, enter the title, name, and address of each	person being added
MGR = N	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	NICOTE SCOT BONILLA	7001 String rd. apt 8105	
		DIVIE, FL. 33314	□ Remove
		7001 String rd apt. 8105	□ Change
AMBR	Nicore Scott Bunilla	May18, FL .33314	Add
			□ Remove
		 	Ghange
MGR	Jeremy N. Bunilla	7035 Styling rd. apt 3103	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Dawlett 33314	Remove
			Change
MER	Mexicolos A. Soh	1994 SW 94 Ferrace	□ Add
		MIYAMAY, FL 33025	Remove
			Change
			SAdd -
		···	 ஷ்
			Thange
			
			_□ Remove
			_□ Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or n e: If the date inserted in this block does not meet the applicable statutory filinument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective ne 90th day after the record is filed.	time, at 12:01 a.m. on the ear
od OCtober 27 2017.	
Signature of a member or authorized representative	c of a member
MIMOLA SMALL PANNILL	

Page 3 of 3

Filing Fee: \$25.00