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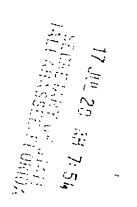
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Cor		: 1	
SUBJECT:	The Sco	ical Reach LLC	_
	Name of Lim	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:	
	Sc	Name of Person	
		1	
		he Social Read	chlic
	_	india Ave	
		Address	
	Lakeland.	Florider 33815 City/State and Zip Code intess Campail Cor to be used for finding annual report in	
	<i>C</i>	City/State and Zip Code	^
	E-mail address: (to be used for fundre annual report n	otification)
For further information c	oncerning this matter, please co	all:	
Scott (22	at (S63) (60) Area Code Dayi	7. 4155
Name o	f Person	Area Code Dayi	time Telephone Number
Enclosed is a check for th	ne following amount:	1	
图 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:		RIER ADDRESS:
Divisio	ration Section on of Corporations	Registration Sec Division of Corp	porations
	ox 6327 issee, FL 32314	Clifton Building 2661 Executive	
		Tallahassee, FL	32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

he Social Reach	LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabil	ity Company)	
The Articles of Organization for this Limited Liability Company were	e filed on 7-25-17	and assigned
Florida document number <u>L17000 158451</u> .	ĺ	-
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 Co	ompany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
<u> </u>	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
- -		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, ent	er the name of the new
Name of New Registered Agent:		7
New Registered Office Address:		JUJ.
New Registered Office Address.	Enter Florida street address	<u> </u>
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		7:5
I hereby accept the appointment as registered agent and agree to		
provisions of all statutes relative to the proper and complete perf accept the obligations of my position as registered agent as provi		
being filed to merely reflect a change in the registered office add		
company has been notified in writing of this change.	· !	
TE Characteristic	Donistand Assat Cineta Chi	Dominton d Am
IT Changing	Registered Agent, Signature of New	Registered Agent

Page 1 of 3

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 **Type of Action** Title Name Address anaging-Nember Scott COX _□ Add □ Remove 941 Cornelia Auglakelard, Fl _□ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add □ Remove _□ Change _□ Add _□ Remove _□ Remove ☐ Change

amending any other information, enter change(s) here: (Attac	ch additional sheets, if necessary.)
<u>, </u>	<u> </u>
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and and the state of the state	
rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of the: If the date inserted in this block does not meet the applicable state cument's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.020 atory filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier o
red 7-25 . 2017.	
Signature of a member or authorized rep	resentative of a member
C. H (-)	
Typed or printed name o	l frigner

Page 3 of 3

Filing Fee: \$25.00