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то:		tion Sectior of Corpora		
SUBJE	CT:	Our	Social	Eperience LLC
			Name	e of Limited Liability Company
The end	closed Arti	cles of Ame	ndment and fee(s)	are submitted for filing.
Please	return all c	orresponden	nce concerning this	s matter to the following:
		-		Justin Caballero Name of Person
		-		Social X, LLC Firm/Company
		-	2	202 <u>S. Roma</u> <u>Are. Ste 175</u> Address
		-	Tan	mpa, FL 33606 City/State and Zip Code
			E-mait a	JUSTIN @ TPSREO.com address: (to be used for future annual report notification)
For fur	ther inform	ation conce	rning this matter, p	please call:
]	Name of Per	Caballer son	$\frac{1}{\text{Area Code}} = \frac{354-6823}{\text{Daytime Telephone Number}}$
Enclose	ed is a cheo	k for the fo	llowing amount:	
⊠ \$2:	5.00 Filing	Fee 🗆	l \$30.00 Filing Fee Certificate of S	
		Registration	Corporations 327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES O	FAMENDMENT
	то
ARTICLES OF	ORGANIZATION
	OF
<u>Our</u> Social Er (<u>Name of the Limited Liability Con</u> (A Florida Limited	perience LLC npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	my were filed on <u>December 31, 2018</u> and assigned
Florida document number <u>L1900002915</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li Social X LLC The new name must be distinguishable and contain the words "Limited Li	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A TI
	P
	- H :
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new nere:
Name of New Registered Agent: N/A	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

L

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

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<u>Title</u>	<u>Name</u> N/A	Address	Type of Action
			Add
			C Remove
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			_ Remove
			Change

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

N/A	<u>-</u>		 	
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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	January 15. 2019
	1 C.L
	Signature of a member or authorized representative of a member
	Justin Caballero
•	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00