L190000 15005

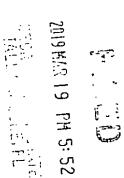
(F	Requestor's Name)	
(<i>f</i>	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(1)	Business Entity Name)	
(I	Document Number)	
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COVER LETTER

TO:

Registration Section

P.O. Box 6327

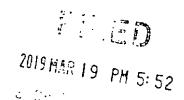
Tallahassee, FL 32314

Division of	Corpor	ations			
SUBJECT:		ZJF BRANDS 4 LLC			
NOBJECT:		Name of Lim	ited Liability Company		
The enclosed Articles	s of Am	endment and fee(s) are sub	mitted for filing.		
Please return all corre	esponde	nce concerning this matter	to the following:		
			NEIL SCHECHT		
			Name of Person		
		ĩ	NEIL S. SCHECHT, P.A.		
		Firm/Company			
		363	0 W. KENNEDY BLVD		
			Address		
		TAM	PA, FL 33609		
		KR	City/State and Zip Code OEDER2TFG.VENTURES		
	_	E-mail address: (o be used for future annual report noti	fication)	
For further information	on conce	erning this matter, please ca	di:		
NEIL SCHI	ЕСНТ		at () Area Code Daytim		
Nar	ne of Per	son	Area Code Daytim	e Telephone Number	
Enclosed is a check for	or the fo	dlowing 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)	
Res	gistratio	ADDRESS: n Section Corporations	STREET/COURI Registration Section Division of Corpor	n	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

ZJF BRANDS 4 LLC	TAIL 1 3000 2000 2000 2000 2000 2000 2000 20
(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 January 14, 2019 Florida document number L19000015005	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
SONDER SOCIAL LLC	
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)	
B. If amending the registered agent and/or registered office address on our records, registered agent and/or the new registered office address here:	enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
. Flor	rida

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

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			□ Change

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	 .	·			
Effective date, if other If an effective date is listed, Note: If the date inserted document's effective date	d in this block does	not meet the applic	able statutory filing	(optiona re than 90 days after filir requirements, this da	l) ng.) Pursuant to 605.0207 te will not be listed as
ne record specifies The 90th day afte	delayed effect the record is f	ive date, but no iled.	ot an effective tii	me, at 12:01 a.m	. on the earlier of
		2019			
Dated MARCH 18		<u> </u>	······································		
Dated MARCH 18	Signature	of a momber for anth	orized representative o	f a member	

Page 3 of 3

Filing Fee: \$25.00