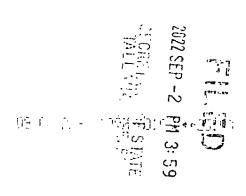
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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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2022 SEP -2 PM 3: 47

A. BUTLER SEP - 2 2022

COVER LETTER

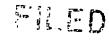
TO: Registration Sect Division of Corpo	orations		
SUBJECT:	The Socia	al Lounge of	Tallahassee
	Name of Limite	d Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Tavion	Name of Person	
	<u>1855</u> S	Firm/Company OUT Gadsday Address	st #A
	Tall FL Tavic E-mail address: (to	City/State and Zip Code Moole & Gw be used for future annual report notif	<u>al.Com</u>
For further information co	ncerning this matter, please ca		
Name of	Moure	at (850) 330 Area Code Daytime	e Telephone Number
Enclosed is a check for th	e tollowing 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 Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Cot The Centre of T	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Social	Lounac	of Tai	2022 SEP -2	PM 3159
The Social (Same of the Limite)	d Liability Company A Florida Limited Lial	as it now appears on or bility Company)	ur records): [OF STATE
The Articles of Organization for this Limited Lia		ere filed on		and assigned
Florida document number <u>L190002</u>	<u>62259</u>			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabili	ty company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the designa	tion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica				
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>			
Enter new mailing address, if applicable:		- 		****
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			
		-111-4-1-		
B. If amending the registered agent and/or reagent and/or the new registered office address		ldress on our record	is, <u>enter the nan</u>	e of the new registered
Name of New Registered Agent:	Ta	Vion A South Gac Enter Florida st	Noore	
New Registered Office Address:	1855	South Gac Enter Florida st	dsden E	2+
		Nassee.		

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.

If Changing Registered Agent, Signature of New Registered Agent

. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCP =	Manager
SIGK =	Hanager
AMBD =	Authorized Member
WATER -	- Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			\(\sigma\) Add
			□Remove
	,		∏Change

ame	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
record is fi	d 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 led.
Dated	09-02-2022
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Taylor Moore Transfor printed name of signer

Filing Fee: \$25.00