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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of S	tatus
Special Instructions to f	Filling Officer:	
J. HORNE		
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Office Use Only



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2022 SEP 28 PH 4: 04
SEURE LARY OF 15:55



COVER LETTER

TO: Registration Sec Division of Corp	orations 💂		4€#
SUBJECT: The	Social L Name of Limit	OUNCE OF T	Tallahassec LLC
The enclosed Articles of A	imendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
		Name of Person	·
		Firm/Company	
	2241 No	Address Mon ro	est Ste 1087
	Tall ahass	City/State and Zip Code Nocle & Gmail o be used for future annual report notifi	3 ocom
For further information co	E-mail address: (to oncerning this matter, please ca		ication)
TAvion Name of	1001E Person	at (<u>\$50</u>) 339 Area Code Daytime	- 3110 Telephone Number
Enclosed is a check for th	ne following 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)
<u>Mailing Addres</u> Registration ! Division of C	Section Corporations	Street Address: Registration Second Division of Cor	porations
P.O. Box 632	! /	The Centre of T	arranassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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OF 2022 SEP 28 PH 4: 05

(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 ______________________________and assigned Florida document number <u>L19000</u>Z62259 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 Company," the designation "LLC" or the abbreviation "LLC." 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, enter the name of the new registered agent and/or the new registered office address here: The Social World INC 2241 North Monroe st #1087 Enter Florida street address Name of New Registered Agent: New Registered Office Address: alahassee, Florida 32301

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 hanging 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:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐Change
			□Add
			Remove
			☐ Change
			□Add
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			□Change
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			□Remove
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. II ame	nding 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:
the record is f	rd 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	09/28 . 2022.
	Signature of a member or authorized representative of a member
	Tavion Moore
	Typed or printed name of signee

Filing Fee: \$25.00