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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	 	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THROW SOCIAL DELRAY BEACH LLC

Certificate of Status	0
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Corporate Filing Menu

Help

From: Kimberly Laughrey

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

\$		
Throw Social Defray Beach LLC (Name of the Limited Liability)	Company as it now appears on our rainted Liability Company)	ecords.)
(A Florida Li	imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 01/22/2021	and assigned
Florida document number 1.21000016543		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20 0
Principal office address MUST BE A STREET ADDRE		29 Z 71
armapa office dadress sees of be a street Approximate	<u> </u>	2
		- α (
Enter new mailing address, if applicable:		SOF PH
(Mailing address MAY BE A POST OFFICE BOX)		75 F
		i m ω
B. If amending the registered agent and/or registe	red office address on our re	ecords, enter the name of the new
registered agent and/or the new registered office addre	ss here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida streets	antifera c
	t'ug.t magazeen	
	City	, Florida ZipCode
New Registered Agent's Signature, if changing Registered.	Agent:	
I hereby accept the appointment as registered agent are provisions of all statutes relative to the proper and collacted the obligations of my position as registered age being filed to merely reflect a change in the registered	nplete performance of my duti ent as provided for in Chapter	ies, and Fam familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

From: Kimberly Laughrey

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

<u>Title</u>	Name	Address	Type of Action
MGR	The Ginger Companies LLC	2601 NE 26th Ave, Lighthouse Poi	🖸 Add
			Remove
			☐ Change
MGR	The Ginger Companies		Add
		2601 NE 26th Ave, Lighthouse Poi	■ Remove
			TE nange
			JAAZ28
			Remove 1
			Final Dathange
			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			O Add
			Remove
			Change

		 	
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	<u>,</u>	 <u>∞ ∞</u>	
•		 #: 53	

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 _	lanuary 27	. 2021	
		Darren Sonnier	
		Signature of a member or authorized representative of a member	
	Darren Sonnier		
		Typed or printed name of signee	

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Filing Fee: \$25.00