## L21000098233

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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MA  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
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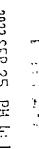
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## COVER LETTER ,

TO: Registration So Division of Cor			,
SUBJECT:	Socialish	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stepl	en Batur	
	So	Name of Person	
		Firm/Company	20 S
	3005	W. Lake Mary	blud Steel 20
		City/State and Zip Code	25 PH
	ShoL E-mail address: (	City/State and Zip Code  Kenthery . Social to be used for future annual report not	blud Starting Control of the least on the least of the least on the least of the le
For further information c	concerning this matter, please ca	all:	
Stephen 1	Batur	at ( U5+) 43	7 4146
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
≤ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ation
Registration ! Division of C		Registration Se Division of Co	
P.O. Box 630		The Centre of	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Socialish	لالا	
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on c ed Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L210009823</u> 3		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2023 SE SECRE TALL
(Principal office address MUST BE A STREET ADDRESS)		77 N
Enter new mailing address, if applicable:		S PP TO PP T
(Mailing address MAY BE A POST OFFICE BOX)	<del></del> .	<u></u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	vant addrays
	Enter I with 30	CCI man ess
<del></del>		, Florida
Nam Dagistared Ament's Signature if shanging Dagistared Age	•	Court

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Stephen Bator	3005 W. Lake Many blod Suite 120.	tz:Add
		Lake mary FL 32744	□Remove
			□Change
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Note:	ive date, if othe fective date is listed. If the date inserte tent's effective da	ed in this block d	loes not meet	the applical	o date of filin ble statutory	g or more that filing requ	(opti n 90 days after irements, thi	onal) : filing.) Pursu s date will n	iant to 605.0 ot be listed	1207 Las 1
e recor rd is fi	d specifies a dela led.	yed effective date	e, but not an o	effective tim	ne, at 12:01	a.m. on the	earlier of: (b	) The 90th	day after t	the
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Dated		\ <b>b</b>	11 1 1				4			

Filing Fee: \$25.00