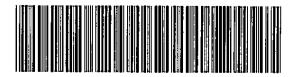
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61/30/2014

SECRETARY OF STATE

COVER LETTER

Tallahassee, FL 32314

TO: Registra Division		ction porations		
30a SUBJECT:	Social I	LLC		
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed Art	icles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all o	correspo	ndence concerning this matter	to the following:	
		Joshua Weddington		
		* 	Name of Person	
		30a Social LLC		
			Firm/Company	
		11275 US HWY 98 6125		
			Address	·
		Miramar Beach, FL 32550		
		weddington.joshua@gmail.	City/State and Zip Code corn to be used for future annual report n	out transition 1
For further inforn	nation co	oncerning this matter, please e		ouncarion)
Joshua Weddingt	on		850 218.8797	
Name of Person		at () Area Code Day	time Telephone Number	
Enclosed is a che	ck for th	e 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</u> Registr	ation S	ection	Street Address: Registration S	Section
Divisio P.O. Bo		orporations 7	Division of C The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 SEP 13 AM 8: 31

30A Social LLC

SECRETARY OF STATE

(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 Comp Florida document number <u>L21000386386</u>	any were filed on 08/30/2021 and assigned
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 L	.iability 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	0
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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 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
MGR	Jack Cole	1973 COUNTY HWY 280A	■Add
		DEFUNIAK SPRINGS, FL 32435	□Remove
			□Change
MGR	Bob Clark	30 SOMERSET DOWNS	= Add
		SAINT LOUIS, MO 63124	Remove
			□Change
MGR	Jon Ward	364 Cannonball Lane	≣Add
		Inlet Beach, FL 32461	□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗀 Add
			🗀 Remove
			□ Change

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<u> Note:</u> 11	e date, if other the tive date is listed, the if the date inserted in it's effective date or	i this block doc	s not meet th	ie applicable	ate of filing or me statutory filing	re than 90 days a requirements,	otional) Aer filing.) Pursua this date will no	nt to 605.0207 (3 t be listed as th
the record ford is filed	specifies a delayed (effective date, b	out not an eff	ective time,	at 12:01 a.m. o	n the earlier of:	(b) The 90th (day after the
Dated S	eptember 9		202	1				
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			/		-			

Filing Fee: \$25.00

Typed or printed name of signee