

K21 000 356 396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

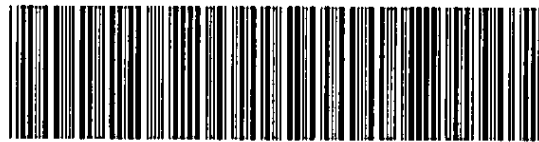
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600373190966

09/13/21--01028--032 ♦♦25.00

FILED

2021 SEP 13 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

09/20/2021  
JH

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 30a Social LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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  
\_\_\_\_\_  
City/State and Zip Code  
  
weddington.joshua@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Weddington  
\_\_\_\_\_  
Name of Person  
  
850 218.8797  
at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLANASSER, P. 100

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jack Cole	1973 COUNTY HWY 280A	<input checked="" type="checkbox"/> Add
		DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bob Clark	30 SOMERSET DOWNS	<input checked="" type="checkbox"/> Add
		SAINT LOUIS, MO 63124	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jon Ward	364 Cannonball Lane	<input checked="" type="checkbox"/> Add
		Inlet Beach, FL 32461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 9 2021

Joshua Weddington

**Filing Fee: \$25.00**