## L22000471091

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	10-16-	2024
<u>.</u>	· · · · · · · · · · · · · · · · · · ·	





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2024 CCT 16 PN 3: 53

## **COVER LETTER**

Registration Section Division of Corporations

TO:

M.E Social SUBJECT:	LLC		
SUBJECT:	Name of Lin	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Erin Weston-Green		
		Name of Person	<del></del>
M.E. Graham Family Holdings LLC			
		Firm/Company	
	4709 Foxtail Palm Dr		
Address			<del></del>
	Gulf Breeze Florida 32653		
		City/State and Zip Code	
	mesocial.llc@gmail.com		
	E-mail address: (	to be used for future annual report notification)	— 1976 1001
For further information of	concerning this matter, please c	all:	16
Erin Weston-Green		863 2713510 at ()	MPICCT 16 PH 3:
Name o	of Person	Area Code Daytime Telephone	Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	60.00 Filing Fee, lertificate of Status & lertified Copy additional copy is enclosed)
Mailing Address Registration of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahasses 2415 N. Monroe Street, S.	e

Tallahassee, FL 32303



October 4, 2024

ERIN WESTON - GREEN 4709 FOXTAIL PALM DR GLUF BREEZE, FL 32653

SUBJECT: M.E SOCIAL LLC Ref. Number: L22000471091

We have received your document for M.E SOCIAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN Regulatory Specialist II

Letter Number: 324A00022067

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M.E Social LLC		
(Name of the Lim	ited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
e Articles of Organization for this Limited I	iability Company were filed on 11/02/2022	2 and assigned
rida document number 1.22000471091		
s amendment is submitted to amend the fol		
If amending name, enter the new name o	of the limited liability company here:	
new name must be distinguishable and contain the	words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
er new principal offices address, if appli	cable:	
rincipal office address MUST BE A STRE	ET ADDRESS)	
	<del></del>	
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE	<u> </u>	
If amending the registered agent and/or		
ent and/or the new registered office addre	ess here:	2024 OCT SECRET
Name of New Registered Agent:	M.E Graham Family Holdings LLC	<u> </u>
New Registered Office Address:	4709 Foxtail Palm Dr	5 5
	Enter Florida stree	et address
	Gulf Breeze	, Florida 32563 (5)
	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 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
MGR	M.E Graham Family Holdings LLC	4709 Foxtail Palm dr Gulf Breeze FL 32563	≅Add
			□Remove
			□Change
MGR	Michael Graham	4709 Foxtail Palm dr Gulf Breeze FL 32563	□ Add
			■Remove
			□ Change
RA	Erin Weston- Green	4709 Foxtail Palm dr Gulf Breeze FL 32563	□Add
			■Remove
			□Change
	·		S Add
			Remove
			င့် <u>⊶ − D</u> Change
			□ Add
			□ Remove
			□Change
			□ Add
			□Remove
			□Change

M.E Graham Family Holdings v	will be the new RA and MGR of	of this LLC		
	<del></del>			
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	<del></del>			
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ctive date, if other than the d	9/1/2024 late of filing:		(optional),	UT CS
effective date is listed, the date must be: If the date inserted in this bloc				
ument's effective date on the Dep		statutory iming requireme		
cord specifies a delayed effective is filed.	date, but not an effective time,	at 12:01 a.m. on the earlie	r of: (b) The 90t	h day after
August 25	2024			

Filing Fee: \$25.00