123000461602

| (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. |
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A. RIVERS

OCT 2 5 2023

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|---|---|
| Lemon Dro | | | |
| SUBJECT: | 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: | |
| | Kendall Braxton | | |
| | | Name of Person | |
| | <u> </u> | Firm/Company | |
| | 2804 Stuart Ave | | |
| | | Address | |
| | Marianna, FL 32448 | | |
| | kendall.braxton@gmail.con | | |
| For further information c | e-mail address: (concerning this matter, please c | to be used for future annual report all: | notification) |
| Kendall Braxton | | 850 693-508 | 2 |
| Name o | f Person | at () Area Code Da | ytime Telephone Number |
| Enclosed is a check for the | he 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) |
| Mailing Addres Registration | | Street Address Registration | |
| Division of C P.O. Box 632 | - | | Corporations of Tallahassee |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records, hability Company) |) |
|---|---|------------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number 1.23000461602 | were filed on Oct. 6, 2023 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The Social Sip LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity 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) | | <u> </u> |
| | | , 73 |
| | - | • • |
| Enter new mailing address, if applicable: | | . स |
| (Mailing address MAY BE A POST OFFICE BOX) | - | |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter t</u> | he name of the new regist |
| Name of New Registered Agent: | <u></u> | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | | rida |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

Lauran Dean III

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 |
|---------|---------|
| 434DD - | A A la |

| | <i>C</i> | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------------------------|---------|----------------|
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| fective date, if other than the date of filing: n effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 tree If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. tecord 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 is filed. Action of a member of autorized representative of a member. | <u> </u> | | | | | - |
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