

N12000002427

Joshua Browne

(Requestor's Name)

304 SW 85th Terrace

(Address)

Apt 304

(Address)

Pembroke Pines FL 33025

(City/State/Zip/Phone #)

205 516 6400

☐ PICK-UP

☐ WAIT

☒ MAIL

The Social Y Inc

(Business Entity Name)

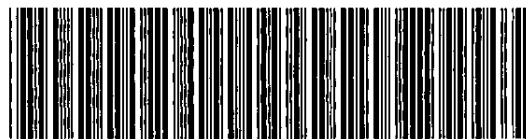
N12000002427

(Document Number)

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06/20/12--01013--008 **35.00

12 AUG -9 PM 4:05

SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

Amend
(10) 8/9/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Social Y, Inc.

DOCUMENT NUMBER: N12000002427

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua Browne

(Name of Contact Person)

N/A

(Firm/ Company)

304 -SW 85th Terrace Apt.304

(Address)

Pembroke Pines, FL. 33025

(City/ State and Zip Code)

info@socialyonline.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Browne

(Name of Contact Person)

at (205) 516-6400

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2012

THE SOCIAL Y, INC.
304 SW 54TH TERRACE
APT. 304
PEMBROKE PINES FL33025,

SUBJECT: THE SOCIAL Y, INC.
Ref. Number: N12000002427

* P.O. BOX 815075
Hollywood, FL
33081

We have received your document for THE SOCIAL Y, INC.. However, the document has not been filed and is being returned for the following:

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

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

Irene Albritton
Regulatory Specialist II

Letter Number: 112A00018087

Sending \$35

RECEIVED
DIVISION OF CORPORATIONS
JUL 24 2012 11:24 AM

2012 JUL 24 AM 11:24

NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2012

JOSHUA BROWNE
304 SW 85TH TERRACE
APT 304
PEMBROKE PINES, FL 33025 US

SUBJECT: THE SOCIAL Y, INC.
Ref. Number: N12000002427

We have received your document for THE SOCIAL Y, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

In order to process your document, please complete page 4 of 4.

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

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina D Cauley
Regulatory Specialist II

Letter Number: 512A00017251

Articles of Amendment
to
Articles of Incorporation
of

The Social Y, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N12000002427

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

(City) _____, Florida _____
(Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

12 AUG -9 PM 4:06
SECRETARY OF STATE
DIVISION OF CORPORATIONS

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	<u>N/A</u>	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	<u>N/A</u>	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Article 8 : Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501c-3 of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government ,for a public purpose Any such assets not so disposed shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is located, exclusively for such purposes or to such organizations, as said Court shall determine, which are operated for such purposes.

The date of each amendment(s) adoption: 6-13-12

Effective date if applicable: 6-14-12
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 6-30-12

Signature [Signature]
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Joshua Browne

(Typed or printed name of person signing)

Executive Director

(Title of person signing)