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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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16 SEP - 7 AM 7:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2016

CAROL M MILLIKEN  
SOWAT, LLC  
101 S MCCALL ROAD  
ENGLEWOOD, FL 34223

SUBJECT: SOWAT, LLC  
Ref. Number: L06000052377

2016 SEP -7 PM 5:08  
TALLAHASSEE, FL

We have received your document for SOWAT, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

PAGE 3 MISSING

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) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 216A00017646

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOWAT, 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:

CAROL M. MILLIKEN  
Name of Person

SOWAT, LLC  
Firm/Company

101 S. McCALL RD  
Address

ENGLEWOOD, FL 34223  
City/State and Zip Code

carol.milliken8@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROL MILLIKEN at (941) 270-1670  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SOWAL, LLC  
(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 Company were filed on 5/19/06 and assigned Florida document number 20-4940941.

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 Liability 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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 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>
AMBR	CAROL M. MILLIKEN	101 S. McCALL RD	<input checked="" type="checkbox"/> Add
		ENGLEWOOD FL 34223	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHAWN L. MILLIKEN	101 S. McCALL RD	<input checked="" type="checkbox"/> Add
		ENGLEWOOD FL 34223	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	K. BLAIR MILLIKEN	101 S. McCALL RD	<input checked="" type="checkbox"/> Add
		ENGLEWOOD FL 34223	<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
MANAGING MEMBER			<input type="checkbox"/> Remove
& REGISTERED AGENT			<input type="checkbox"/> Change
REMAIN THE SAME.			


16 SEP - 7 / AM 7:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALL CHASSIS; EMBROIDERED

**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.

(b) The 90th day after the record is filed.

Dated 8/31/16, \_\_\_\_\_

  
Signature of a member or authorized representative of a member

KENNETH L. MILLIKEN  
Typed or printed name of signer