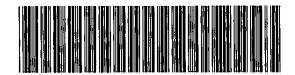
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(Req	uestor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor			
SOWC Ass	sociates LLC	•	
SUBJECT.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	Noah Lasko		
		Name of Person	
	SOWC Associates LLC		. 53°
		Firm/Company	16 NOV 14 PH 4
	16855 NE 2nd Ave Suite 4	00N	9 3
	· -	Address	
	North Miami, FL 33162		Į.
	noahl@treatmentmanageme	City/State and Zip Code	16 KOY 14 PH 4: 44
	E-mail address: (to be used for future annual report notification	ation)
For further information of	concerning this matter, please co	all;	
Noah Lasko		786 661-2344 ex. 2	
Name o	of Person	Area Code Daytime T	elephone 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)
	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOWC Associates 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 $\frac{04/18/2016}{1}$ and assigned Florida document number L16000075994 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

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>	Type of Action
MGR	Jonathan Lasko	16855 NE 2nd Ave	≅ Add
		Suite 400N	□ Remove
		North Miami, FL 33162	☐ Change
MGR Norman Ginsparg	Norman Ginsparg	16855 NE 2nd Ave	□ Add
		Suite 400N	
		North Miami, FL 33162	Refinove Change
			☐ Change Change PP Change
			Remove
			☐ Change
		***************************************	Add
			Remove
			□ Change
			Add
			Remove
			
			□ Add
			□ Remove
			□ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		E C
	To No.	
		. S
		— (°1.1
		E. FLURIOR
		<u>+</u>
. Effe	ctive date, if other than the date of filing: (optional)	
(If an Not e	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listement's effective date on the Department of State's records.	5.0207 (3)(ed as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies are 90th day after the record is filed.	er of:
Date	d,	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00