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COVER LETTER

Registration Section

Division of Corporations

TO:

SURTECT:	SOS FINA	NCIAL & ACCOUNTING SEI	RVICES LLC	
ж		Name of Limi	ited Liability Company	
The enclosed	i Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please returr	all correspo	ndence concerning this matter	to the following:	
		MELBA SOLANO		
			Name of Person	
		SOS FINANCIAL & ACC	OUNTING SERVICES LLC	
			Firm/Company	
		3440 HOLLYWOOD BLV	D SUITE 415	
			Address	
		HOLLYWOOD FL 33021		
			City/State and Zip Code	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
		Name of Person SOS FINANCIAL & ACCOUNTING SERVICES LLC Firm/Company 3440 HOLLYWOOD BLVD SUITE 415 Address HOLLYWOOD FL 33021 City/State and Zip Code MELBA@SOSFAS.COM F-mail address: (to be used for future annual report notification) nation concerning this matter, please call: SO at () 551-5413 Area Code Daytime Telephone Number ck for the following amount: Fee \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Address: ation Section Street Address: Registration Section		
		E-mail address: (to be used for future annual report no	tification)
For further i	nformation c	oncerning this matter, please ca	all:	
MELBA SC	LANO		954 551-5413	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25,00 l	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Re Di P.0	-	Section orporations 7	Registration S Division of Co The Centre of	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOS FINANCIAL & ACCOUNTING SERVICES 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 05/09/2018 and assigned Florida document number ______L18000116705 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SOSME ACCOUNTING & TAX SERVICES LLC 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) ŗ. Enter new mailing address, if applicable: Q? Mailing address MAY BE A POST OFFICE BOX) 1. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent:

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

New Registered Office Address:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the pvisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability npany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
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Effective date, if other than the	date of filing:		(option	al)
If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be priously does not meet the appli	or to date of filing or a cable statutory filin	more than 90 days after fil	ing.) Pursuant to 605.0207
ne record specifies a delayed The 90th day after the reco		ot an effective	time, at 12:01 a.r	n. on the earlier o
NOVEMBER 21	2019			
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Helb.	r Solaw			
<u>Helb</u>	a Solawo Signature of a member or auth	horized representativ	'e of a member	

Page 3 of 3

Filing Fee: \$25.00