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To:

Division of Corporations

Fax Number : (850)617-5383

From:

Account Name : DOSSANTOS AND MACHADO, LLC

Account Number : I20140000089 Phone : (754)301-2128 Fax Number : (954)252-4650

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: INFODGESTAXACCT.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOW INVESTMENTS LLC

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T. LEMIEUX Help

AUG 2 3 2022

TO:

Registration Section

19542524650

From: Juliana dos santos

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,

#### **COVER LETTER**

Div	rision of Corp	porations			
CTID 1000		STMENTS LLC			
SUBJECT:	Name of Limited Liability Company				
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		GILVAM DOS SANTOS			
			Name of Person	· · · · · · · · · · · · · · · · · · ·	
		GFS TAX & ACCOUNTII	NG SERVICES		
	Firm/Company				
	11764 W SAMPLE RD STE 102				
			Address		
		CORAL SPRINGS, FL 33	065		
			City/State and Zip Code	<del></del>	
		INFO@GFSTAXACCT.CC	DM to be used for future annual report noti	fication)	
For further i	nformation co	oncerning this matter, please ca	all:		
GILVAM E	OS SANTOS	S	754 301-2128 at ()		
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is	a check for th	e following amount:			
☐ <b>\$</b> 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 careload)	
	ailing Address		<u>Street Address:</u> Registration Se	ction	
	D		7011-1		

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Page: 3 of 5

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOW INVESTMENTS LLC	
(Name of the Limited Liability Company as it no (A Floride Limited Liability Co	w appears on our records.) mpiny)
The Articles of Organization for this Limited Liability Company were file Florida document number L18000239171	d on 10/09/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Comparation of the contains the words are contained to the contain the words are contained to the contain the words are contained to the contained to	ny," 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:	
(Mgiling address MAY BE A POST OFFICE BOX)	7022
B. If amending the registered agent and/or registered office address of	on our records onter the name of the new registe
pent and/or the new registered office address here:	our records, enter the manue of the Paris
Name of New Registered Agent:	H 12 5
New Registered Office Address:	⇒ <u>N</u>
i	Enter Florida street address
	, Florida
Cuts	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.

Page: 4 of 5

# EP1101 B6000 66H

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

Title	<u>Name</u>	Address	Type of Action
MGR	ERIKA EMIKO OGAWA	11764 W SAMPLE RD STE 102	<b>≣</b> Add
		CORAL SPRINGS FL 33065	□Remove
			□Change
		:	
		:	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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			Change
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			Change

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ective date, if other than the effective date is listed, the date in this turnent's effective date on the	ust be specific and cann block does not meet t	ot be prior to date o he applicable stat	f filing or more than 90	(optional) days after filing.) Pursual ments, this date will not	nt to 605.020° be listed as
cord specifies a delayed effect s filed.	ive date, but not an e	Tective time, at 1	2:01 a.m. on the ear	lier of: (b) The 90th c	lay after the
ed AUGUST 22nd		22			
<	<del></del>				
		<u> </u>			<del></del>
-	Significate of a memb	er or authorized re	resentative of a memb	er	