## 11900000 5835

		<u> </u>
(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	
,	-	

Office Use Only



200325282732

02/27/13--01020--003 \*\*25.00

AFILED FILED 2019 FEB 27 PM 12: 13 SECRELARY OF STATE

X:3/0/1/9

## **COVER LETTER**

TO:	Registration So Division of Cor					
SUBJI	SOW Cons	sulting, LLC				
		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	•			
Please	return all correspo	ondence concerning this matter  Matthew Harrington	to the following:			
			Name of Person			
		SOW Consulting LLC				
		134 6th Ave N	Firm/Company			
		St Petersburg, FL 33701	Address	IMILI	2019 FEB 27	AΡ
		ınharrington.sow@outlook.	City/State and Zip Code com			PROVE
For fur	ther information c	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report noti- all:	fication)	PH IZ: 13	
Matthe	ew Harrington		678 296-3966		ω	
	Name o	of Person	at () Area Code Daytime	e Telephone Number		
Enclos	ed is a check for the	he following amount:				
\$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cor	of Status & opy	

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

SOW Consulting LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records ted Liability Company)	7)
The Articles of Organization for this Limited Liability Comp.	any were filed on 1/3/2019	and assigned
Florida document number L19000005835		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	2	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		APPROVED AND FILED FILE SECRETARY OF STALL MINSSEF, FILE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Ela	rida
	City , F10	rida Zin 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>	Type of Action
MGR	Matthew Harrington	134 6th Ave N St Petersburg, FL 33701	<b>■</b> Add
			□ Remove
			Change
			🗖 Add
			☐ Remove
			Change
		Add	
		APPROVED Change FILED Change SECTION S	
		Change D	
		<u> </u>	Remove
		☐ Change	
		□ Remove	
		☐ Change	
	<del></del>		□ Add
		□ Remove	
			☐ Change

D. If amending any other moon	mation, enter change(s) here: (Atto	and the state of t
		7019 P
		FEB FEB
		ASSET OF
		F. S. J.
		<b>三</b> 五 五
E. Effective date, if other than	the date of filing:	(optional)
(If an effective date is listed, the date	must be specific and cannot be prior to date of shock does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 tutory filing requirements, this date will not be listed as the
If the record specifies a dela (b) The 90th day after the i		ffective time, at 12:01 a.m. on the earlier of:
Dated	2019	
M	ALL.	
	Signature of a member or authorized re	presentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00