L19000050229

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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Co	rporations		
SOS CON	CIERGE SERVICES, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SUSAN L COURTNEY		
		Name of Person	
	SOS CONCIERGE SERV	ICES LLC	
		Firm/Company	
	11732 SW 59 COURT		
		Address	
	COOPER CITY, FLORID	A 33330	
		City/State and Zip Code	
	sue@sosconciergeservices.c	com	V
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	all:	
SUSAN L COURTNEY		954 519-3840 at ()	
Name o	f Person		: Telephone Number
Enclosed is a check for the	ne 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)

MAILING ADDRESS:

TO:

Registration Section

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

SOS CONCIERGE SERVICES LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on FEBRUARY 20, 20	and assigned
Florida document number L19000050229		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" c	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		gg 20
(Principal office address MUST BE A STREET ADD	ORESS)	CO 200 HAY
		de come de com
		م ا
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		123 5
		,
B. If amending the registered agent and/or reginglestered agent and/or the new registered office adentified.	istered office address on our records, dress here:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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>	Name	<u>Address</u>	Type of Action
MGR	SUSAN I. COURTNEY	11732 SW 59 COURT COOPER CITY, FL 33330	
			Remove
			Change
			Add
			Remove
			Change
			□ Add
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bledocument's effective date on the Defective date on the Defective date.	t be specific and cannot ock does not meet the	e applicable statute	ling or more than 90 da ory filing requireme	(optional) ays after filing.) Pursuant to nts, this date will not be	605.0207 listed as
e record specifies a delayed The 90th day after the rec		but not an effe	ctive time, at 17	2:01 a.m. on the ea	arlier of
The 90th day after the rec					
MAY 14	2019	9			
MAY 14	P Com L	9			
·	2011 Com An Signature of a member	·	sentative of a member		_

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Filing Fee: \$25.00