121000268365

(Re	questor's Name)	
(Ad	dress)	
——————————————————————————————————————	dress)	<u>.</u>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	пе)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		Ree'd 7/09

Office Use Only



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R. WE'TE 123 0 1 2021

COVER LETTER

TO:

Registration Section

Division of Corporations			RECE	RECEIVED	
SUBJECT:	SInnovation Name of Lin	AS LLC	2021 444 0		
	Name of Lin	nited Liability Company	 2021 JUL -9	AM 9:39	
			10.00 10.00 10.00		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	10	· t.	
Please return all correspo	ondence concerning this matter	to the following:			
	Sally	Morrill CEO Name of Person			
•	SInno	ovations LLC			
		Highway 177A			
	Bonife	24 FL. 32425 City/State and Zip Code			
		Offill 0212@gma to be used for future annual report no			
For further information c	concerning this matter, please c	all:			
Sa Name o	//y Mofrill Person	at (<u>850</u>) <u>547</u> Area Code Daytir	ne Telephone Number	_	
Enclosed is a check for t	he following amount:				
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional copy	f Status & py	
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection		
Division of C	orporations -	Division of Co	rporations		
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810		

Tallahassee, FL 32303



June 29, 2021

SOS INNOVATIONS LLC

1445 HWY 177A BONIFA, FL 32425

Subject: SOS INNOVATION LLC

RE: 621A00014745

EIN NOI 871435631

We have received your document for the above Fictitious Name Registration; however, the document has not been filed and is being returned for the following:

IT APPEARS YOU ARE TRYING TO FILE AN AMENDMENT PLEASE SUBMIT CORRECT FORMS

After the corrections have been made, return the application to: Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Theresa R Wilson Reinstatement Section Division of Corporations

Letter No. 621A00014745

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on ou Liability Company)	r records.)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L21Acco268365</u> .			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
SInnowtions LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1445 Highw	ay 177A	
(Principal office address MUST BE A STREET ADDRESS)	1445 Highw Bonifay, FL	. 32425	
		 .	
;			
Enter new mailing address, if applicable:	SAME AS	ABOVE.	
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records	, <u>enter the nam</u>	e of the new registere
	as old = Sally		
New Registered Office Address: Same.	45 old A above o Enter Florida stree	Aice, address	Σ
		, Florida	27
	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.

Sally Mossell CEO
If Changing Registered Agent, Signature of New Registered Agent

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reffe te:	ve date, if other than the date of filing:
core s fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ted_	<u> </u>
	Sally S. Me-vill CEO Signature of a member or authorized representative of a member
	Saley J. The Deer C.C.

Filing Fee: \$25.00