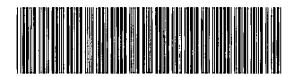
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2021 OCT 26 PN 3: 56

A. BUTLER NOV 1 0 2021

COVER LETTER

TO: Registration Se Division of Cor			
SOWHAT	US LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUIS R. SMITH		
		Name of Person	
	TAXES USA LLC		
		Firm/Company	
	5892 STIRLING RD # 4		
		Address	
	HOLLYWOOD, FL 3302	I	
	INCOGTAVECHEAMIAN	City/State and Zip Code	
	INFO@TAXESUSAMIAM E-mail address: (to be used for future annual re	port notification)
For further information of	concerning this matter, please c	all:	
LUIS R. SMITH		305 470-:	2429
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Add Registrat	<u>ress:</u> ion Section
Division of C	Corporations	Division	of Corporations
DOD (3)	. 7	Th - C	CT-11-1

P.O. Box 6327 Tallahassee, FL 32314

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

DocuSign Envelope ID: FF195EEB-2939-4DBE-9203-B22B42DBA5BC AKIICLES OF AMENDMENT

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOWHAT US LLC

2021 OCT 26 PH 3:5

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	06/10/2021 F. STATE
The Articles of Organization for this Limited Liability Compa	any were filed on 00/10/2021 and assigned
Florida document number L21000270359	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	ability 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)	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office / Radioss.	Enter Florida street address
	Florida
	City , Florida
New Registered Agent's Signature, if changing Registered Age	

If Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ID: FF195EEB-2939-4DBE-9203-B22B42DBA5BC removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FELIPE J. HERNANDEZ	1121 NORTH OLIVE DRIVE	■Add
		APT 314	Remove
		WEST HOŁLYWOOD, CA 90069	□Change
			\ \tag{\text{Add}}
			Remove
			□Change
			□Add
			□Remove
			Change
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		<u></u>	□Remove
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