

L21000285351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

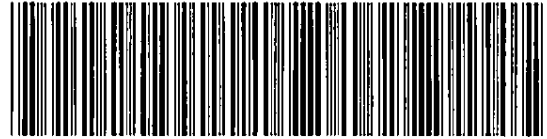
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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
2023 AUG 23 PM 12:40

2023 AUG 23

R. HUNT

08/23/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOS ASSISTANCE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDRES ARCILA ESCOBAR

Name of Person

SOS ASSISTANCE, LLC

Firm/Company

6500 COWPEN RD. SUITE 104

Address

MIAMI LAKES, FL 33014

City/State and Zip Code

andres.arcila@sosassistencia.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANA M TASCON

305 282-6699
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

Street Address:

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

2023 AUG 23 PM 12:40

REGISTRATION
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SOS ASSISTANCE, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/21/2021 and assigned
Florida document number L21000285351.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DIANA M TASCON

New Registered Office Address:

9928 NW 10th ST

Enter Florida street address

MIAMI

City

Florida 33172

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 amehding 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>	<u>Type of Action</u>
MGR	FRANCISCO GARCINI	6500 COWPEN RD. UNIT 104.	<input type="checkbox"/> Add
		MIAMI LAKES. FL 33014	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ESTEBAN ARCILA ESCOBAR	6500 COWPEN RD. UNIT 104	<input type="checkbox"/> Add
		MIAMI LAKES. FL 33014	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 JUN 23 PM 12:40
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATE AFFAIRS

4008 AUG 23 PM 12:40

2023 AUG 23 PM 12:40

1
DIVISION OF CORRECTIONS

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated AUGUST 11

Signature of a member or authorized representative of a member

ANDRES ESCOBAR ARCILA

Typed or printed name of signee

Filing Fee: \$25.00