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J. HARRIE

COVER LETTER

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SUBJECT:	LM Northe	ast LLC		
object.		Name of Lim	ited Liability Company	
DI .				
		Amendment and fee(s) are sub-	-	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Marnie Giancola		
			Name of Person	
		Marlen Management LLC		
			Firm/Company	
	`	PO Box 2957		
		 	Address	
		Ponte Vedra, FL 32004		
		-	City/State and Zip Code	
		marnieg11@aol.com	16-64-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
	_		to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Marnie Giar	ncola		848 218-1882 at ()	
	Name of	f Person		Telephone Number
Enclosed is	a check for th	e following amount:		
₽ \$25 .00 F		□ \$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
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

LM Northeast LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 12/30/15	and assigned
Florida document number L16000000897		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1200 Plantation Island Drive S	
(Principal office address MUST BE A STREET ADDRESS)	Suite 230	-4
	St. Augustine, FL 32080	
		AE E U
Enter new mailing address, if applicable:		2 co
(Mailing address MAY BE A POST OFFICE BOX)		五二 章
		02 21E
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s
		orida Zip Code
	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	Address	Type of Action
MGR	Marlen Investments LLC	151 Muirfield Drive	Add
		Ponte Vedra Beach, FL 32082	■ Remove
		· · · · ·	□ Change
MGRM	Snowcap Partners, Inc.	1514 Beck Ave - Suite A	Add
		Cody, WY 82414	🗆 Remove
			Change
-			Add
			□ Remove
		Change	
			Add
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	ate of filings	date of filing or more than 90 d	_ (optional) ays after filing.) Pursuant	to 605.0207 (
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Manie S	be specific and cannot be prior to ck does not meet the applicable partment of State's records. effective date, but not a rd is filed.	le statutory filing requireme an effective time, at 12	2:01 a.m. on the ϵ	earlier of:

Filing Fee: \$25.00