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SECRETARY OF SECONDARY SECONDARY OF SECON

COVER LETTER

| TO: | Registration Division of | n Section Corporations | | |
|----------------|-----------------------------|---|---|--|
| | SN2 Co | nstruction and Development, LLC | | |
| SUBJEC | JI: | Name of Lim | ited Liability Company | |
| The encl | osed Articles | s of Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all corre | espondence concerning this matter | to the following: | |
| | | Silvia Novelli | | |
| | | | Name of Person | |
| | | SN2 Construction and Dev | relopment, LLC | |
| | | | Firm/Company | |
| | | 11585 NW 18th Pl. | | |
| | | | Address | |
| | | Gainesville, FL 32606 | | |
| | | | City/State and Zip Code | |
| | | S.Novelli@SN2.Construction | | |
| or furth | er informatio | Fmail address: (I on concerning this matter, please ca | to be used for future annual report noti all: | dication) |
| Silvia N | ovelli | | 352 215-3002 at () | |
| | Nan | ne of Person | Area Code Daytim | e Telephone Number |
| Inclosed | is a check fo | or the following amount: | | |
| ■ \$25. | 00 Filing Fee | e □ \$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:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 15 AM 3: 07

SN2 Construction and Development, LLC

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

| The Articles of Organization for this Limited I Florida document number L18000114924 | Liability Company | were filed on $\frac{05.0}{}$ | 07.2018 | and assigned |
|--|----------------------|-------------------------------|------------------------------|-----------------------|
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liab | oility company her | <u>re</u> : | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the de- | signation "LLC" or the abbre | eviation "L.L.C." |
| Enter new principal offices address, if appli | 11585 NW 18th I | Pl. | | |
| (Principal office address MUST BE A STREI | | Gainesville, FL 32606 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address | registered office : | Gainesville, FL 3 | 2606 | of the new registered |
| Name of New Registered Agent: | Silvia Novelli | | | |
| New Registered Office Address: | 11585 NW 18th | 1 Pl. | | |
| | | Enter Floria | da street address | |
| | Gainesville | | Florida 32606 | • |
| | - | 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> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------------|-----------------------|----------------|
| AMBR | Silvia Moukhtara Nemer | 7717 NW 20th Lane | |
| | | Gainesville, FL 32605 | ■Remove |
| | | | □Change |
| Manager | Silvia Moukhtara Nemer | 7717 NW 20th Lane | □Add |
| | | Gainesville, FL 32605 | \square Remove |
| | | | □ Change |
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| | | | □Remove |
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| ffective date, if other that an effective date is listed, the date inscribed in tocument's effective date on | ite must be specific an his block does not | d cannot be pri meet the appl | icable statutory | or more than 90 d filing requireme | _ (optional) ays after filing.) Pe ents, this date wi | ursuant to 605.020 Il not be listed a |
| record specifies a delayed et is filed. | fective date, but no | t an effective | time, at 12:01 a | i.m. on the earlie | er of: (b) The 9 | 0th day after the |
| October 12 | | 2021 | _ | | | |
| | $\overline{}$ | 12:5 | | | | |
| | Signature of a | member or aut | horized represent | ative of a member | · · · · · · · · · · · · · · · · · · · | |
| | - | | | | | |