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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:	DEANA	ROSSI SNYDER LLC	· ·
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
	endence concerning this matter		
		DEANA ROSSI SNYDER	
		Name of Person	
	DE	ANA ROSSI SNYDER LLC	
		Firm/Company	·····
]4	461 SHOREWOOD DRIVE	
		Address	
	Λ	UBURNDALE, FL 33823	
		City/State and Zip Code	
		TANDSHY2@GMAILCOM	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
DEANA ROSSI SNYDE	ER	407 780-0840	
Name o	f Person	Area Code Daytir	me Telephone Number
linelosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$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 Addres Registration S	Section	Street Address: Registration So	
Division of C P.O. Box 632	-	Division of Co The Centre of	•
Tallahassec, FL 32314			oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DEANA ROSSI SNYDER LLC		
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited I.	iability Company were filed on	04/10/2020	and assigned
Florida document number L20000100553			
This amendment is submitted to amend the foll			
A. If amending name, enter the new name o	f the limited liability company here	2 :	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the desi	gnation "LLC" or the ab	breviation "L.1C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE			
www.cs.riii wayii obi oi i ica	<u></u>		
			-
B. If amending the registered agent and/or r	egistered office address on our reco	ords, enter the nam	e of the new register:
igent and/or the new registered office addres	s here:	enter the man	E of the fiew registers
			*** <u>*</u> ***.
Name of New Registered Agent:	DEANA ROSSI SNYDER		,
New Registered Office Address:			-0 -12
	Enter Florida	street address	
		, Florida	دی ۲۵
	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>	Address	Type of Action
AMBR	SNYDER, KATHRYN	1461 SHOREWOOD DR	□ Add
		AUBURNDALE, FL 33823	≅Remove
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			[]Remove
			□Change
			□Add
			□Remove

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