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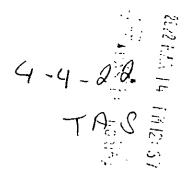
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

Registration Section

TO:

| Division of Cor | porations | | , , | | |
|---|--|---|---|--|--|
| , | | TING SERVICES LLC - , | | | |
| SUBJECT: | Name of Lim | ited Liability Company | . | | |
| The anclased Articles of | Amendment and fee(s) are sub | mitted for filing | | | |
| | | | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | |
| | LOVETTE DOBSON | | | | |
| | | Name of Person | | | |
| | | Firm/Company | | | |
| | 17350 STATE HWY 249. | #220 | | | |
| | | Address | | | |
| | HOUSTON, TX 77064 | | | | |
| | | City/State and Zip Code | | | |
| | EFILE1234@INCFILE.CO | M to be used for future annual report no | Serve and | | |
| For further information c | oncerning this matter, please c | | uncation | | |
| LOVETTE DOBSON | | 1 888-462-34 | 153 | | |
| Name | f Person | at () | me Telephone Number | | |
| Name | i i cison | Area Code Dayth | me Telephone Number | | |
| Enclosed is a check for the | 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 | | Street Address: | | | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | | |
| P.O. Box 632 | • | The Centre of | • | | |
| Tallahassee, l | | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SNEAD CONSULT | ING SERVICES LLC | | | | |
|---|--|------------------------------|--|--|--|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | pany as it now appears on our record d Liability Company) | <u>s.</u>) | | | |
| The Articles of Organization for this Limited Liability Compar Florida document number <u>L20000360453</u> . | ny were filed on 11/13/2020 | and assigned | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited lis | ability company here: | | | | |
| CONTRIBUTE TO CHANGE LLC | | | | | |
| The new name must be distinguishable and contain the words "Limited Lia | bility 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) | | 22 | | | |
| | | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | | | | |
| •• | | : | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> | | | |
| | | | | | |
| 3. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent: | e address on our records, <u>enter</u> | the name of the new registe | | | |
| New Registered Office Address: | | | | | |
| | Enter Florida street address | | | | |
| | | orida | | | |
| | Ciţ | 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 | Andrea Snead | 2033 Brillante Dr | □Add |
| | | Saint Cloud, FL 34771 | Remove |
| | | | |
| AMBR | Laura A Snead | 2033 Brillante Dr | ■Add |
| | | Saint Cloud, FL 34771 | □Remove |
| | | | ☐Change |
| | | | ☐Add Remove . |
| | | | □ Remove . □ Change |
| | | | |
| | | | □Remove |
| | | | - : : - : - : - : - : - : - : - : - : - |
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| Iffective date, if other than the date of filing: [Iffective date, if other than the date of filing: [Iffective 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 605,020 forts: [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. The 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 dis filed. March, 07 2022 Signature of a member or authorized representative of a member | | • | | | | | |
|--|--|-----------------|-----------------|------------------|---|---|------------------------------------|
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