L22000093714

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PłCK-UP	MAIT	MAIL
(Bus	siness Entity Nar	ne)
(Dox	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



300383281803

03/14/22--01026--016 **60.00

DZZ MAR I W AMII: II

A. BUTLER MAR 2 5 2022 March 10th 2022

The Florida Department of State Tallahassee, FL 32314

I am filling herewith to remove myself Grace Menezes from MGR and adding Simran Menezes as MGR TO

AMERICAN SNAK CLUB LLC. Enclosing herewith is a fee by cheque with the forms duly filled in and signed.

Yours truly Grace Menezes 352 426 1974

4212 sw 33° street Ocala Florida - 34474

Division of Co	rporations			
Add	COLLANT SNIA	v come 11.0		
SUBJECT: AMERICAN SNAK CAUS LLC. Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	GRACE 1	MENEZES Name of Person		
		Name of Person		
	AMERICAN	SNAK CLUB A	LLC	
	4212 SW	33" STREET,		
		Address		
	OCALA.	ELORIDA - 344 City/State and Zip Code Mexicans it alcale to be used for future angual report par	74	
		City/State and Zip Code		
	Sales (a) a	mericansinated	ub com.	
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please ca	all:		
GRACE	MENIEZES	at (352) 426-	1974	
Name o	f Person	at (<u>3.52</u>) <u>426</u> - Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
	-	□ ecc 00 c;i; c n	. □ 4 (0,00 m;; _ n	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration S Division of C		Registration Se Division of Co		
P.O. Box 632	•	The Centre of	-	

TO:

Registration Section

Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FILED

	City Sip Code
	Enter Florida street address
New Registered Office Address:	C. Cl. /
Name of New Registered Agent:	
B. If amending the registered agent and/or register agent and/or the new registered office address here	d office address on our records, enter the name of the new register
(Mailing address MAY BE A POST OFFICE BOX)	
Enter new mailing address, if applicable:	
(Principal office address MUST BE A STREET ADL	RESS)
Enter new principal offices address, if applicable:	
The new name must be distinguishable and contain the words "Li	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the li	ited liability company here:
This amendment is submitted to amend the following:	
Florida document number <u>L220000 937</u>	4 .
The Articles of Organization for this Limited Liability	Company were filed on February 18 and assigned
(A Flori	ity Company as it now appears on our records.) TALLAHASSEE, FL
AMERICAN SNA	CAUB ILC 2022 MAR 14 AM 11: 11

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
<u>iM GR</u>	SIMRAN MENEZES	4212 SW 33" STREET	Add
		OCALA, FLORIDA-34414	□ Remove
AMBR	AUDREY MENEZES	4212 SW 33" STREET	
		DCALA, FLORIDA 3447L	<u>√</u> □Remove
			□Change
MGR (GRACE MENEZES	4212 SW 33 STREET	□Add
		OCALA, FLORIDA 3447	14 Remove
			□Change
			□ Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

4	
(If an ef Note:	ive date, if other than the date of filing:
he recor ord is fi	d 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 led.
Dated	03/10/2022.
	Simeneres.
	Signature of a member or authorized representative of a member