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SEUNETARY OF STATE
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EXAMINER
DEC 1 4 2010

COVER LETTER

ТО: .	Registration S Division of Co		
SUBJĖ	CT:	THE SNO	OW GROUP, LLC
			nited Liability Company
The end	closed Articles o	f Amendment and fee(s) are su	abmitted for filing.
Please 1	return all corresp	ondence concerning this matte	er to the following:
			Barbara McBride
			Name of Person
		South Be	each Tax & Financial Services
			Firm/Company
			320 Osceola Avenue
			Address
		Jack	sonville Beach, FL 32250
			City/State and Zip Code
		E-mail address:	(to be used for future annual report notification)
For furtl	her information	concerning this matter, please	call:
		bara McBride	at (904) 241-2533
	Name (of Person	Area Code & Daytime Telephone Number
			•
Enclosed	d is a check for t	he following amount:	
₹2 5.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Commence of the transfer of the confidence of th

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 10 DEC 13 PM 1:43

THE SNOW GROUP, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Lim	nited Liability Company were filed on	06/01/2003	and assigned	
Florida document number L0300	00018869			
This amendment is submitted to amend the	he following:			
A. If amending name, enter the new na	ame of the limited liability company he	ere:		
The new name must be distinguishable and c"L.L.C."	end with the words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if	applicable:			
(Principal office address MUST BE A S	TREET ADDRESS)			
Enter new mailing address, if applicabl	le:			
(Mailing address MAY BE A POST OF I	FICE BOX)			
				
B. If amending the registered agent registered agent and/or the new register	and/or registered office address on red office address here:	our records, enter the	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Ei	Enter Florida street address		
	City	, Florida	Zip Code	
New Registered Agent's Signature, if chan-	·		2.5	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>l'itle</u>	Name		Address	Type of Action
MGR	Terry Kelly		1864 Aba Drive	Add
:			Orange Park, Florida 32073	Remove
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	·			Remove
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n Ifam	ionding any other informa	tion antar change	e(s) here: (Attach additional sheets, if necessary.)	
		•	ould be reflected as follows:	
٣	Margaret A. Snow - 60	,	ould be followed as follows.	
	*,			 -
,	Christopher T. Snow -			<u></u>
(a)	Terry Kelly - 0% Intere	est No. 1	0 110 10 1	"Manahan"
(2.)	Change litles of	Christophe	Snow and Margaret Snow to	
Dated	1218/10	······································		•
	Sig		or authorized representative of a member	•
		Chr Typed	ristopher T. Snow or printed name of signee	