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T. HAMPTON

EXAMINER

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:	Sno	Time, LLC		
	Name of Limi	ted Liability Company		
	Amendment and fee(s) are sub	•		
Please return all correspon	ndence concerning this matter	to the following:		
		Chris M. Keena		
		Name of Person		
		Sno Time, LLC	<del></del>	
		Firm/Company		
		P. O. Box 12368 Address	<del></del>	
	~	-W-b El 20247		
	1	allahassee, FL 32317 City/State and Zip Code		
	E-mail address: (	eena@adrealestate.us to be used for future annual repor	t notification)	
For further information co	oncerning this matter, please o	call:		
Chr	is M. Keena	at (_850 )	222-2373	
Name of Person		Area Code & Daytime Telephone Number		
Enclosed is a check for th	•	_		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	S60.00 Filing Fee, Certificate of Status & Closed) Certified Copy (additional copy is enclosed)	
	ING ADDRESS: ation Section	STREET/CO Registration	OURIER ADDRESS: Section	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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(Name of the Limited L (A F	Sno Tim iability Compa Torida Limited L	ne, LLC ny as it now appears on liability Company)	SECA our records: A	ETARY OF STATE HASSEE, FLORIDA		
The Articles of Organization for this Limited Lia  Florida document number		were filed on 8/0	<u>5/2010</u>	and assigned		
This amendment is submitted to amend the follow	ving:					
A. If amending name, <u>enter the new name of t</u>	he limited liab	ility company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company,"	the designation "I	LC" or the abbreviation		
Enter new principal offices address, if applical	Sno Time, LLC					
(Principal office address MUST BE A STREET	1334 Timberlane Road, Suite # 6					
		Tallahassee, FL	32312			
Enter new mailing address, if applicable:		Sno Time, LLC				
(Mailing address MAY BE A POST OFFICE B	P. O. Box 12368		<u>-</u> <u>-</u>			
	Tallahassee, FL	32317				
B. If amending the registered agent and/or registered agent and/or the new registered office.			ecords, <u>enter t</u>	he name of the new		
Name of New Registered Agent:	Chris M. Keena					
New Registered Office Address:	1334 Timbe	rlane Road, Suite #	ŧ 6			
	Enter Florida street address					
	Ta	Tallahassee , Florida		32312		
		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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office gadress, 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

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action Charles J. Dailey 2910 Kerry Forest Parkway Box D-4 \_ Add ✓ Remove Tallahassee, FL 32309 Chris M. Keena P. O. Box 12368 ✓ Add Remove Tallahassee, FL 32317 ☐ Add Remove ☐ Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 21 Dated Signature of a member or authorized representative of a member Chris M. Keena Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00