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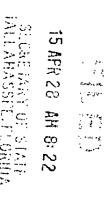
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

TO: 'Registration Sec Division of Corp			•
SNACKR SUBJECT:		•	
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspon	dence concerning this matter	to the following:	
	Jeffrey A Kaminski		
		Name of Person	· · · · · ·
	SNACKR, LLC		
		Firm/Company	<u> </u>
	1921 SW 33rd Ct.		
		Address	
	Miami, FL 33145		
	jeff@snackrapp.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	ation)
For further information co	ncerning this matter, please ca	all:	
Jeffrey A Kaminski		609 3139990	
Name of	Person		Celephone Number
Enclosed is a check for the	e 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 ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

SNACKH, LLC		
(<u>Name of the Limited Liabi</u> (A Floric	ility Company as it now appears on our records.) da Limited Liability Company)	 -
ne Articles of Organization for this Limited Liability of Control orida document number	April 8th 2015	and assigned
is amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
e new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	(RESS)	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		
. If amending the registered agent and/or regi		ter the name of the
Name of New Registered Agent:		*** * ********************************
New Registered Office Address:	Enter Florida street address	SS 28
	, Florida	All Co
Problem 1.4 of Other American	City	ZiprCode
ew Registered Agent's Signature, if changing Register	ed 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

Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jeffrey A Kaminski	35 Gateway Blvd	□ Add
		Hillsborough, NJ 08844	Remove
AMBR	Jeffrey A Kaminski	35 Gateway Blvd	 ■ Add
		Hillsborough, NJ 08844	□ Remove
AP	Herwig G Konings	1 Hageman Lane	
		Princeton, NJ 08540	■ Remove
AMBR	Herwig G Konings	1 Hageman Lane	Add
		Princeton, NJ 08540	PRemove.
	-		69 69 77 Add
			□ Remove
			□ Add
			□ Remove

EIN# 47-3688000 		
ctive date must be specific, canno	ot be prior to date of receipt or filed date and cannot be	(optional) e more than 90 days after
April 20th	2015	
	tive date must be specific, cannot this document is filed by the Flo	ve date, if other than the date of filing: tive date must be specific, cannot be prior to date of receipt or filed date and cannot be this document is filed by the Florida Department of State) April 20th 2015

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE