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COVER LETTER

TO:	Registration Sec Division of Corp		•	
CHED IT	FTPI DIGIT	TAL LLC		
SUBJE	.UI:	Name of Limi	ited Liability Company	-
The end	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		MICHEL DE AMORIM		
			Name of Person	
		DRUMMOND CPA LLC		
			Firm/Company	
601 BRICKELL KEY DRIVE SUITE 901				
			Address	
		MIAMI - FL 33131		
		MAMORIM@DRUMMON	City/State and Zip Code DADVISORS.COM	
		E-mail address: (t	to be used for future annual report notifi-	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
MICH	EL DE AMORIM		781 770-0005	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$2:	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

1

FTPI DIGITAL LLC

FILED

·	(A Florida Limited Liability Company)	.2019 MAY 24 🏳 😰 26
The Articles of Organization for this Limited	Liability Company were filed on 09/09/2015	and assigned
Florida document number 1.15000153725		lactara: SEC11LOR.TA
This amendment is submitted to amend the fo	llowing:	-
A. If amending name, enter the new name	of the limited liability company here:	
SNAKEBITE IPM LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	SET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
	d/or registered office address on our reco	ords, enter the name of the ne
registered agent and/or the new registered	office address here:	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street ad	dress
		. Florida
	City	Florida

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
			Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
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Effective date, if other than the date of an effective date is listed, the date must be solve: Note: If the date inserted in this block of document's effective date on the Depart	specific and cannot be prio does not meet the appli	cable statutory filing requ	(optional) an 90 days after filing.) Pursuar airements, this date will not	nt to 605.0207 i be listed as t
ne record specifies a delayed eff The 90th day after the record	fective date, but no is filed.	ot an effective time,	at 12:01 a.m. on the	earlier of
Dated MAY 14	2019	— <i>)</i>		
	61	16		
Sign	nature of a member or auth	norized representative of a n	iember	