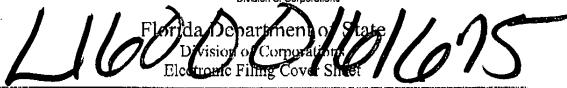
Division of Corporations



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From:

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COVER LETTER

TO: Registration 5 Division of Co			
SUBJECT: Lul	ilse Stetanie a	nd Eilen	
	(value of Pit	nited Lisbility Company	
The enclosed Articles of	f Amendment and Icc(s) are sul	omitted for filing.	
		·	
Picase return all corresp	ondence concerning this matter	to the following:	
		•	
		Debra A. Faulkner, Esq.	
		Name of Person	
		Durke Feellers Levy D.A.	
	6	Burke Faulkner Law, P.A.	
		Firm/Company	
	3	106 Palm Harbor Blvd., Suite B	
		Address	
		Palm Harbor, FL 34683	
		City/State and Zip Code	
		bie@burkefaulknerlaw.com	
	E-mail address: (to be used for future annual report notif	icalioa)
For further information o	concerning this matter, please c	all;	
		•	
~~~	ra A, Faulkner	at ( 727 ) 781-742 Area Cade Daytima	
Name	f Person	Area Code Daytimo	Telephone Number
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lularoo Stofanio and					
(Name of the Limited Liability Company as (A Flucida Limited Liabili	It now appears ly Company)	on our records.)		•	
The Articles of Organization for this Limited Liability Company were	filed on	08/29/2016	and a	esigned	
Florida document number <u>L16000161675</u>	1.				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability of	company her	<u>e</u> ;			
SNE ENTERPRISES, LLC The new name must be distinguishable and contain the words "Limited Liability Co					
The new name must be distinguishable and contain the words "Limited Liability Co	mpmy," the des	ignation "LJ.C" or the al	bhreviation "	L.L.C."	
Enter new principal offices address, if applicable:					-
(Principal office address MUST BE A STREET ADDRESS)	<del> </del>				
		· · · · · · · · · · · · · · · · · · ·	<u>- 448</u> .	===	
			istok	<u></u>	
Enter new mailing address, if applicable:				=	
(Mailing address MAY BE A POST OFFICE BOX)			141 141	တ	
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B. If amending the registered agent and/or registered office :			- -	ှင့် ကြောင်း	
registered agent and/or the new registered office address here:	activess on t	out lecolds, etter	the name	C)	11164
Name of New Registered Agent:	· 	·		·	
New Registered Office Address:	F . P . (		<del>.</del>		_
	ishler irlorla	a strocz addross			
<del></del>	ilv	, Florida	Zip Codi		<u> </u>
Now 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

__ Change

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 = Ma AMBR = An	nnager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Remove
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