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COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: SNAIGH PICSENS CLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Snalaine Powell Name of Person	
Shalaine Pusents LLC	
S18 SOLANA CIICLE	
Davenport, Florida 35897 City/State and Zip Code	
E-mail address: (to be used for future annual coport notification)	
For further information concerning this matter, please call:	
Mame of Person at (786) Dut - 8774 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on Occamber 30th, 2016 and assigned			
Florida document number 1100000318.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	nility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	518 Solana Circle			
(Principal office address MUST BE A STREET ADDRESS)	Davenport, Florida 33597			
Enter new mailing address, if applicable:	1100 US Highway 27			
(Mailing address MAY BE A POST OFFICE BOX)	P.O BOX # 138395			
	Clermon, Florida 34714			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered			
New Registered Office Address:	518 SOLGOG Circle = -			
Dave C	Port Storida 33867			

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 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
			□Add
			Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
		□Change	
			□Add
		□Remove	
			🗀 Add
		 	Remove
			□Add
			□Remove
			□Change

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_(Doin amending business name, no agents
-	
_	
	
	
(If an effective Note: If t	date, if other than the date of filing: (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records.
If the record sprecord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Fignature of a member or authorized representative of a member
	Snalaine Powell Typed or printed name of signee