L17000116049

(Re	questor's Name)		$\overline{\parallel}$
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates	of Status	_
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- COVER LETTER

TO:		tration Section of Corp				
SUBJE		NAPDRA	GON SOLUTION LLC.			
JUBIT		-	Name of Lin	nited Liability Con	iparty _	
The end	closed A	Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please	return a	ll correspoi	idence concerning this matter	to the following	:	
			YOSVEL HIDALGO DIA	\Z		
				Name of P	erson	
			SNAPDRAGON SOLUTI	ION LLC		
			•	Firm/Com	party	
			16341 SW 114TH CT			
				Addres	S	
			MIAMI FLORIDA 33157			
				City/State and 7	Lip Code	
			YOSVELMIAMI@YAHO			e .: .
For furt	her info	rmation co	ncerning this matter, please c		re innual report noti	neation)
SOFIA	CERV	ERA GAR	CIA	305 at (5878884	
		Name of	Person	Area C	ode Daytim	e Telephone Number
Enclose	rd is a cl	neck for the	following amount:			
₩ \$25	.00 Filii	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 File Certified (additional o	V	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registrate Division P.O. Box	NG ADDRESS: tion Section of Corporations (6327 see, FL 32314	! [(STREET/COURI Registration Section Division of Corpor Elifton Building 1661 Executive Ce Callahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SNAPDRAGON SOLUTION LL	C.			
(Name of the Lim	ited Liability Compan	y as it now appears on o ability Company)	ur records.)	
	(A Cronda Linner Li	ability Company)		
The Articles of Organization for this Limited I	Liability Company w	vere filed on 05/25/20	017	and assigned
Florida document number L17000116049				-
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabil	ity company here:		
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the designar	tion "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if appli				
(Principal office address MUST BE A STREA	ET ADDRESS)			18
				<u> </u>
				7 77
Enton non-mailing address if anatically				9 22 2
Enter new mailing address, if applicable:			-	
(Mailing address MAY BE A POST OFFICE	<u>BOA)</u>			
				<u>ယ</u> — သ
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	or registered offi ffice address here:	ce address on our	records, enter the	name of the n
Name to a togeth out	16341 SW 114TF	ı dr		
New Registered Office Address:		Enter Florida stre	eet address	
	MIAMI		33157	
		- Lity	, Florida <u>33157</u> 2	Lip Code
New Registered Agent's Signature, if changing	Registered Agent:			•
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this	er and complete po istered agent as pro registered office ac	erformance of my di ovided for in Chapte	ities, and I am fami er 605, F.S. Or, if th	liar with and his document is
	If Changi	ng Registered Agent, <u>Si</u>	gnature of New Registe	red Agent
	Page 1 c) of 3		

If amendir	ng Authorized Person(s) authorized to d from our records:		nd address of each person_being added
MGR = 3	•	,	
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			Remove
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	e date, if other than the date of filing:(optional)
reffect te: If	tive date is listed, the date must be specific and cannot be prior to date offilling or more than 90 days after filing.) Pursuant to 605: the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste
umen	it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.
ed	12/14/2077
	grav.
	Signature of a member or authorized representative of a member
	YOSVEL HIDALGO DIAZ
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00