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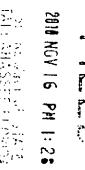
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COVER LETTER

Division of Corporations	
SUBJECT: SNAWM Well-Fler LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Shannon Hout Name of Person	
Firm/Company	
15330 Ballast Point Dr #2222	
Port Myers fl 33908 City/State and Zip Code alonashannonka amail.com	2 2 2 3 4 emp
alonashannonkaamail.com E-mail address: (to be used for future annual report notification)	
and the second s	e M
Shannon Hoyt = 239,219. 7207 = 3	
Name of Person Area Code Daytime Telephone Number	•-
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Signature Solution Status Solution	

MAILING ADDRESS:

TO:

Registration Section

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

Shannon Chenzi	eruc	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L[7:00033563</u>	vere tiled on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability Shannon Hout LLC The new name must be distinguishable and contains he words "Limited Liability		the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here:		
Name of New Registered Agent:	non Heyt	VON BIB
New Registered Office Address:	Enter Florida street address	50 00 00
	. Florid	a Zip-Code
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 . gent, 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 = 3 AMBR = 3	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	Shannon Hoff		
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			☐ Change
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			☐ Change
			Remove
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Effective date, if o	ther than the date of f	iling:		(optio	nal) 🤼	2
Note: If the date ins	sted, the date must be specific serted in this block does n e date on the Department	not meet the applic	able statutory filit	nore than 90 days after f ag requirements, this	iling.) Pursuant date will not l	to 605.0207 be listed as
e record specifi	es a delayed effectiv	ve date but or	nt an effective	time at 12:01 a	m on the	earlier of
The 90th day a	after the record is file	ed.		inter de 12101 de	iiii oli elle	carrer or
NGV	[4	2018	, 			
Dated 170 V						
Dated NOV	Signature	of a member or auth	orized representativ	e of a member		

Page 3 of 3

Filing Fee: \$25.00