## L17 000253244

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only 10/01/27 5. C.



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## **COVER LETTER**

TO: Registration So Division of Co		·
	IARKETS, LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspondent	ondence concerning this matter	to the following:
	JORGE LOPEZ	
		Name of Person
	SNACK MARKETS, LLC	
		Firm/Company
	95 MERRICK WAY 3RD	FL
		Address
	CORAL GABLES, FLOR	RIDA 33134
		City/State and Zip Code
	JORGE@ONPOINTDISTE	
	·	to be used for future annual report notification)
For further information	concerning this matter, please ca	all:
JORGE LOPEZ		786 354-7785
Name o	of Person	at ( )  Area Code Daytime Telephone Number
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ○ Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, ○ Certificate of Status & ○ Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Section
Division of (	Corporations	Division of Corporations
P.O. Box 63:	27	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNACK MARK	ETS, LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L17000253244	y were filed on 12-11-2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		_ <del></del>
(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 agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registere
Name of New Registered Agent:		23
New Registered Office Address:	Enter Florida street address	NO PRO
	, Florida	07
	City	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 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
MGR	BIOHOF, LLC	381 BEECHWOOD DRIVE	□Add
		BISCAYNE, FLORIDA 33149	≅Remove
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ctive date, if other than the da	ate of filing: AUGUST 1, 2021	(optional)
	specific and cannot be prior to date of filing	g or more than 90 days after filing.) Pursuant to 60 y filing requirements, this date will not be list
ment's effective date on the Depa		, hand to day and the same has been a
ord specifies a delayed effective d	ate, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day aff
filed.	,	`,
d SEPTEMBER 9		
<del>-</del>		
	41.	
	1/1/	
Si	gnature of a member or authorized represer	ntative of a member