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(Re	questor's Name)	
(Ade	dress)	
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		—
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to		
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SECRETAIN OF STATE

TALLAHASSEE FLORID.

OCT 3 1 2018 S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

SNOWGEN	NIX LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHAEL PHAN		
		Name of Person	
	PHAN & PHAN, PA		
		Firm/Company	
	10752 DEERWOOD PAR	K BLVD STE 100	SECT TALL
		Address	
	JACKSONVILLE, FL 322	56	FILED OCT 22 PM 6: 47 CRETARY OF STATE LAHASSEE, FLORIDA
		City/State and Zip Code	1. P. P. C.
	M_PHAN@PHANPA_COM E-mail address: (to be used for future annual report notific	cation) 6:
For further information c	oncerning this matter, please co	all:	P
MICHAEL PHAN		904 240-5762 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	tions
Tallaha	issee, FL 32314	2661 Executive Cen	ter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNOWGENIX LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited 1	Liability Company were filed on 01	/31/2018 and assigned
Florida document number L18000028518	 ·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :
N/A		-4.0 - <u>-</u>
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbrocation "L.L.C."
Enter new principal offices address, if appli	cable:	<u> </u>
Principal office address MUST BE A STRE	ET ADDRESS)	22 =
		me y D
		LORA 6:
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>	
D. If amonding the verictored egent an	Nor registered office address o	n our records, enter the name of the nev
registered agent and/or the new registered of		in our records, enter the name or me nev
Name of New Registered Agent:	PHAN & PHAN, PA	
New Registered Office Address:	10752 DEERWOOD PARK BLV	VD STE 100
	Enter Flo	orida street address
	JACKSONVILLE	, Florida 32256
	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 Changing Registered Agent, 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	THUY PHAM	9932 OLD BAYMEADOWS RD JACKSONVILLE, FL 32256	
			Remove
		 -	☐ Change
			D ∧dd
			FILL LANASS
			22ge PM 6:
			CATAdd 6:
			Change
			☐ Add
		 	☐ Remove
			Change
			Add
			□ Remove
		<u></u>	Change
		 	
			□ Remove
			□ Change

Effective date, if other than the date of filing: (If an effective 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 603 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	•	·
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- HII	Dated OCT	TOBER 5th 2018
Signature of a member or authorized representative of a member		$\frac{1}{\sqrt{n}}$
organistic of a member of authorized representative of a member	-	Signature of a member or disparized representative of a member
		organistic of a member
	-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00