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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PICKWICK ATOM PARTNERS & ROND 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:
BARRY SNYDER Name of Person
PICKWCK ATON PARTNERS (ROUND, LU. Firm/Company
600 SEASAGE DR. Address
DELRAY BEACH, FL 33483 City/State and Zip Code
BARRY, SNYDER & LENWKKCAPITAL. LOM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BARRY SNY DER Name of Person at (501) 777 - 9097 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Copy (addi

MAILING ADDRESS:

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**

Pickwick Atom Partners C Round, LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it new appears on o ited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 2/8/18		_ and assigned
Florida document number L18000035774			
This amendment is submitted to amend the following:		/8/18 and assigned nere:	
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designate	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			= 1.0
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		SECONALLI
			ARY SSI
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter th	e name of the new
Name of New Registered Agent:			<u></u>
New Registered Office Address:	Enter Florida str	eat address	
	Latter Proritad Str	eer www.ess	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ag	•		•

N

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	Barry Snyder	600 Seasage Dr	
	Delray Beach, FL 33483	□ Remove	
		<u></u>	Change
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			☐ Change
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	2/3/18	
(If an eff Note:	(option of the date of filing:	r filing.) Pursuant to 605.020
	cord specifies a delayed effective date, but not an effective time, at 12:01 a 90th day after the record is filed.	a.m. on the earlier
(b) The		
	February 12 2018	

Page 3 of 3

Filing Fee: \$25.00