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Division of Corporations

Fax Number

: (850)617-6393

From:

Account Name : SNYDER & SNYDER, P.A.

Account Number : 120160000107 Phone : (954)475-1139 Fax Number : (954)475-2634

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## **COVER LETTER**

TO:	Registration Se Division of Cor		• • •	(((H18000165853 3)))
		DINGS, LLC	. <b>?:</b>	
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		WILLIAM A. SNYDER, I	SSQ.	
			Name of Person	
		SNYDER & SNYDER, P.,	۸.	
		·.	Firm/Company	<del></del>
		7931 ORANGE DRIVE		
		DAVIE, FLORIDA		
			City/State and Zip Code	
		CORP@SNYDERLAWPA	**	
For fu	rther information c	e-mail activess: ( oncerning this matter, please of	to be used for future annual report notif	ication)
	NA IRIZARRY	oncening and marier, prease of	954 475-1139	
		f Person	at ()	- Telephone Number
	Name	r Cason	Area Couc Dayuna	e receptione reduces
Enclos	sed is a check for th	ne following amount:		
□ S2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

(((H18000165853 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H18000165853 3)))

(A Florida Limi	inpany as it now somears on ented Liability Con gany)	pur records.)
he Articles of Organization for this Limited Liability Comp	any were filed on MAY I	, 2018 and assigned
lorida document numberL18000109552	· .	ا من المنظم المنظم المنظم المنظم المنظ
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	iability Company," the design	ation "LLC" or the abbreviation "LLC"
Inter new principal offices address, if applicable:		美丽
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere	d office address on ou	r records, enter the name of the r
3. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:	d office addression ou here:	r records, enter the name of the r
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egistered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	Enter Florida s	iveci address
New Registered Agent's Signature, if changing Registered Agent	Enter Florida s	veci address, Florida Zip Code
egistered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	Enter Florida s  City  Tent:  agree to act in this capalete performance of my tas provided for in Chap	rect address, Florida Zip Code acity. I further agree to comply with the duties, and I am familiar with and oter 605, F.S. Or, if this document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H18000165853 3)))

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