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SECRE FARE OF STATE OF STATE OF SECRE FARE CORPORATION

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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	SNH Tech	nologies, LLC.	<u> </u>
The enclosed Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Russ	Sell K. Hale Name of Person	
	SNH	Technologies,	LLC.
	(\$6	Old Winston Address	Cir
	Santa	Rosa Beach, 1 City/State and Zip Code	FL 38.459
	Russ II.	Hale Q SNHTe	ech.com
For further information cor	ncerning this matter, please ca		
Russell Name of	K. Hak	at (941) 867 Area Code Daytin	ne Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 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)

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

SNH Technolo	ogies, LLC.	
(A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>LIS \$\$\$ \$121191</u>	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	 66 ∑
		SEP
		26
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		0 :
		3-3
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	, Florid	
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Arron Smalley	235 Oxford Dr.	t Add
	•	235 Oxford Dr. Atoka, TN 380004	□ Remove
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Filing Fee: \$25.00