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COVER LETTER

TO:

TO: Registration So Division of Cor			
	MAN ALIGNMENT OF PEME	BROKE PINES, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	MARIO R DELGADO, ES	SQ	
	·	Name of Person	
	MARIO R DELGADO, PA	4	
		Firm/Company	
	815 NW 57TH AVENUE,	SUITE 405	
		Address	
	MIAMI FL 33126		
	-	City/State and Zip Code	
	MARIO@DELGADOLAW	VPLLC.COM to be used for future annual report not	(funtion)
For further information of	concerning this matter, please c	·	meanon)
MARIO R DELGADO		305 428-3090	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is reheck for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration So	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF O O		2022 JUL 26 FÀIL AHÁSSE	
SNAP HUMAN ALIGNMENT OF PEMBROKE PIN	ES, LLC	E SE	<u>.</u>
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) liability Company)	SEE F	ì
The Articles of Organization for this Limited Liability Company	were filed on 03/28/2019	and signed p	
Florida document number £19000086773		Eni S	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
SNAP CRACK PROFESSIONAL SERVICES, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			_
(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 a agent and/or the new registered office address here:	iddress on our records, <u>enter the nan</u>	ne of the new regist	<u>ered</u>
Name of New Registered Agent:			_
New Registered Office Address:	Enter Florida street address		_
	, Florida	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
			□Add
			Change
			bbdd
			□Remove
			□ Change
			□Add
			□Remove
			Change
	<u> </u>		
			Remove
			Change
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fective date, if other than the neffective date is listed, the date mote: If the date inscrted in this cument's effective date on the	ust be specific and cannoblock does not meet the	he applicable stati			
ecord specifies a delayed effect is filed.	ive date, but not an ef	Tective time, at 12	2:01 a.m. on the earli	er of: (b) The S	00th day after the
	20:	77 .			75.7 JUL
ted	·				25. 25. 27.
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