119000134159

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

	gistration Se vision of Cor				
CUDIECT.		ARPENTRY, LLC		•	
SUBJECT:		Name of Lim	ited Liability Company	•	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		CARLOS A. ZULUAGA	OSPINA		
			Name of Person		
		<u></u>	Firm/Company		
		1050 MANGO DR			
			Address		
		CASSELBERRY FL 3270			
		snupy19z@gmail.com	City/State and Zip C	Code	
			to be used for future an	nual report notific	ration)
For further	information c	oncerning this matter, please c	all:		
CARLOS A	A. ZULUAGA	A OSPINA	407 at (670-5489	
	Name o	f Person	Area Code	Daytime 1	l'elephone Number
Enclosed is	a check for th	ne following amount:			
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	у	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres			et Address: gistration Sect	ion
	_	Corporations	_	ision of Corp	
P.	O. Box 632	.7	The	Centre of Ta	llahassee
Ta	allahassee, l	FL 32314	241	5 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNUPY CARPENTRY, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jiability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L19000134159 .	were filed on 05/17/2019	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	obreviation "L.L.C."	
Enter new principal offices address, if applicable:	1050 MANGO DR		
cipal office address MUST BE A STREET ADDRESS) CASSELBERRY FL 32707			
Enter new mailing address, if applicable:	1050 MANGO DR CASSELBERRY FL 32707		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a		SEC P	
B. If amending the registered agent and/or registered office address here:	address on our records, <u>enter the nan</u>	TAKY O	
Name of New Registered Agent:		SEE S	
New Registered Office Address:	Enter Florida street address	FIE	
 	, Florida	2:- C- J-	
	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
AP	CLAUDIA P. PIEDRAHITA	1050 MANGO DR	■Add
		CASSELBERRY FL 32707	□Remove
			□ Change
			□Add
			□Remove
			□Change
			Remove
			□ Change
			□Add
			□ Remove
			□ Add
			□ Remove
			□Change

		-				
					•	
ective date, if other than the effective date is listed, the date in this cument's effective date on the	ust be specific and block does not r	d cannot be prior to meet the applical			filing.) Pursuant to 605.	
ecord specifies a delayed effects filed.	ive date, but not	t an effective tin	ne, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after	r the
ed AUGUST 12		2022	_ •			
		011	7			
		1 101				
	Signature of -	mombor or suit as	ized representative	of a member		