

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
•	•	,
(Do	cument Number)	
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
CLID IN		GEMENT LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	ndence concerning this matter	to the following:	
		TEJASH PATEL		
		SN MANAGEMENT LLC	Name of Person	
		11412 DUTCH IRIS DR	Firm/Company	
		RIVERVIEW FL 33578	Address	
		tpatel0730@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furt	her information c	oncerning this matter, please co	all:	
TEJAS	H PATEL		813 4201155 at ()	
	Name o	f Person		e Telephone Number
Enclose	ed is a check for the	ne following amount:		
\$25	i.00 Filing Fee	☐ \$30.00 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

SN MANAGEMENT LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited L	ny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited I	Liability Company	were filed on 06/24/2019	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli (Principal office address MUST BE A STRE)		11412 DUTCH IRIS DR	, RIVERVIEW FL 33578
Enter new mailing address, if applicable:		11412 DUTCH IRIS DR	, RIVERVIEW FL 33578
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and		ffice address on our re	cords enter the name of the na
registered agent and/or the new registered of	office address her	e:	199 3. 120 E
Name of New Registered Agent:	TEJASH PATE	iL	оп. О
New Registered Office Address:	11412 DUTCH		addrase
	Enter Florida street address		шигех
	RIVERVIEW		_, Florida 33578
		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>l itie</u>	<u>Name</u> TEJASH PATEL	<u>Address</u> 11412 DUTCH IRIS DR ,	Type of Action
MGR	——————————————————————————————————————	RIVERVIEW FL 33578	
			□ Remove
			☐ Change
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			Change
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			□ Change

	
	
	
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Note: If the	late, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	10/2/2019 DANA
-	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00