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(Re	equestor's Name)	
(Ad	idress)	
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(Bu	usiness Entity Nar	me)
(Do	ocument Number)	·
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COVER LETTER

TO: Registration Division of C			
Ksnackz	Treatery LLC	e a	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing	
	pondence concerning this matter		
	Keyana M Waterman		
	*	Name of Person	
	Ksnackz Treatery		
		Firm/Company	
	3141 NW 47TH TERR AF	PT 226	
		Address	
	LAUDERDALE LAKES/	FL 33319	
	-	City/State and Zip Code	
	ksnackztreats@gmail.com		
For further information	econcerning this matter, please c	to be used for future annual report not all:	ification)
Keyana M Waterman		631 5058118	
Name	of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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 Addr		Street Address:	
Registration Division of	Section Corporations	Registration Se Division of Cor	
P.O. Box 63		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ksnackz Treatery LLC

2020 OC - - 3 PM 5: 35

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/23/2019 and assigned
Florida document number 119000265634

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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 2320 00 -6 PH 5: 30	Type of Action
MGR	Keyana M Waterman	3141 NW 47TH TERR APT 226 LAUDERDALE LA	Ak ≣Add
			□Remove
			□Change
AMBR	Antionette M Waterman		□ Add
		I RIVER STREETMASSAPEQUA, NY 11758 UN	= Remove
			🗆 Change
MGR	Christopher Williams		□Add
			□Remove
		3141 NW 47TH TERR APT 226 LAUDERDALE LA	AF ■Change
			□Add
			□Remove
			🗆 Change
			□Add
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an effective date is listed, the date must be	e of filing:
record specifies a delayed effective dad is filed.	te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
September 29th	2020
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