## L20000 18731

		<u> </u>
(Ke	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>:</del> #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
		}
<u> </u>		





900342273989

03/19/20--01009--009 \*\*85.00



\_\_\_\_\_\_ Kinsey

## **COVER LETTER**

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp			
ON D.	n om	MOLD SNIP	ERS LLC	
SORT	ECT:	Name of Limi	ited Liability Company	
The en	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		NEI	LSON TROUTMAN	
			Name of Person	·
		M	OLD SNIPERS LLC	
			Firm/Company	
		4513 \	WINNERS CIR APT 1526	
			Address	
		SARASO	TA, FL 34238	
			City/State and Zip Code	
		Moldsnipers@gmail.c		
		E-mail address: (	to be used for future annual report no	tification)
For fu	rther information co	oncerning this matter, please co	all:	
	Nelson Troutman		941 724-4159 at ( )	
	Name of	Person		me Telephone Number
Enclos	sed is a check for th	e following amount:		
<b>8</b> \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:	
	Registration S Division of Co		Registration Se Division of Co	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Taliahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOLD SN	IPERS LLC		
	(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	cars on our records.) y)	
The Articles of Organization f	or this Limited Liability Company were filed on	January 10, 2020	and assigned
Florida document number	L20000018731		
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 distinguisha	ble and contain the words "Limited Liability Company," th	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices a	ddress, if applicable:		/n N
(Principal office address MU	ST BE A STREET ADDRESS)	<del></del> .	77.
	<del></del>	<u> </u>	7
			19 AHA
Enter new mailing address,	if applicable:		(/) ( 599)mg
(Mailing address MAY BE A	POST OFFICE BOX)		
			$\frac{1}{2}$ $\omega$
			7
B. If amending the registere agent and/or the new registe	d agent and/or registered office address on ou red office address here:	r records, <u>enter the na</u>	me of the new register
Name of New Regist	ered Agent:		
New Registered Offi	ce Address:		
	Enter i	Fiorida street address	
	<u> </u>	, Florida _	
	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

Title	Name	Address	Type of Action
MBR	PHILIP BALDWIN	4513 WINNERS CIRCLE 1526	□ Add
•		SARASOTA, FL 34238	≘Remove
			□ Change
			□Add
			Remove
		□Add	
		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	□Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
		<del></del>	□Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
		<del> </del>	□Add
			□ Remove
			Change
			□Add
			□Remove
			□ Change

,	
	<del></del>
an c lote:	tive date, if other than the date of filing:  JANUARY 10, 2020  (optional)  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
	11020
ated	1 <u>+10.20</u>
ated	as Inh
)atec	Signature of a member or authorized representative of a member

Filing Fee: \$25.00