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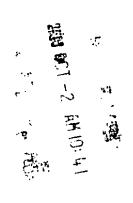
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## **COVER LETTER**

Registration Section

Division of Corporations

ΓO:

SUBJECT: SNA	O TL PIX Booth Name of Limit	ed Liability Company	<del></del>
The enclosed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Michelie	Tale stan A	
	365	312 fills	
	2550 OK	e cho bee KIVA So	n Aruh FL 35409
	Airera Hear	h-Placita_	
	M Talegrand E-mail address: (1	be used for future annual report notif	ication)
	Street Address: Registration Section  Division of Corporations  The Centre of Tallahassee		
Name 0	il Person	Area Code Dayum	receptione remittee
Enclosed is a check for the	he following amount:		
L3 \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Registration Sec Division of Cor The Centre of 1 2415 N. Monro	porations Tallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNAP II PIX BOOTH LLC

(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.20000062311	y were filed on 02/28/2020 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2550 OKEECHOBEE BLVD., SUITE C	
(Principal office address MUST BE A STREET ADDRESS)	WEST PALM BEACH, FL 33409	
Enter new mailing address, if applicable:	2550 OKEECHOBEE BLVD., SUITE C	
(Mailing address MAY BE A POST OFFICE BOX)	WEST PALM BEACH, FL 3409	
agent and/or the new registered office address here:	address on our records, enter the name of the new registered	
New Registered Office Address:	Enter Florida street address Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	
If Cha	inging 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
MGR	ATLANTIC COMPASS HOLDING	1521 DISSTON STREET	□Add
		TALLAHASSEE, FL 32310	
		- <u></u>	☐ Change
			□ Add
			□Remove
		<del></del>	Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Adđ
		□Remove	
			Change
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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'Ffact	ive date, if other than the date of filing:(optional)
fan efi <u>Vote:</u>	ive date, if other than the date of filing:
recor d is fi	d 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 led.
ated	
	Signature of a member or authorized representative of a member
	Lors Rove
	Typed or printed name of signee

Filing Fee: \$25.00