## LZO 000171536

| (Re                     | questor's Name)    |           |
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|                         |                    |           |
| (Cit                    | ry/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
|                         |                    |           |
| (Bu                     | siness Entity Nan  | ne)       |
|                         | ,                  | •         |
| <u> </u>                |                    |           |
| (100                    | cument Number)     |           |
|                         |                    |           |
| Certified Copies        | _ Certificates     | of Status |
|                         |                    |           |
| Special Instructions to | Filing Officer     |           |
|                         |                    |           |
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## **COVER LETTER**

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TO:

| TO: Registration So<br>Division of Co  |  |   |  |  |  |
|--|--|---|--|--|--|
| SNOOCH,                                | LLC  | •   |  |  |  |
| Name of Limited Liability Company      |  |   |  |  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing   |  |  |  |
|  | ondence concerning this matter               | -   |  |  |  |
|  | DAN P. HELLER, ESQ.                          |   |  |  |  |
|  |  | Name of Person  | <u></u>  |  |  |
|  | HELLER ESPENKOTTER                           | R, PLLC   |  |  |  |
|  |  | Firm/Company  |  |  |  |
|  | 2701 PONCE DE LEON BOULEVARD, SUITE 301      |   |  |  |  |
|  |  | Address   |  |  |  |
|  | CORAL GABLES, FLOR                           | IDA 33134   |  |  |  |
|  |  | City/State and Zip Code   |  |  |  |
|  | DAN@HELLERLAWGRO                             | OUP.COM to be used for future annual report no                      | tification)  |  |  |
| For further information o              | concerning this matter, please c             |   | inicationy   |  |  |
| DAN P. HELLER                          |  | 305 777-3765  |  |  |  |
| Name c                                 | of Person                                    | at ()<br>Area Code Daytir   | ne Telephone Number  |  |  |
| Enclosed is a check for t              | he 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 Address: Registration Section  |  | <u>Street Address:</u><br>Registration Se                           | ection   |  |  |
| Division of Corporations               |  | Division of Co  | Division of Corporations   |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314 |  |   | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810                                 |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SNOOCH, LLC   | 222 AL + 24   | P.1 6: 01                                    |
|---|---|--|
| ( <u>Name of the Limited Liabil</u><br>(A Florid  | lity Company as it now appears on our records da Limited Liability Company) | _}   |
| The Articles of Organization for this Limited Liability (   | Company were filed on JUNE 19, 2020   | and assigned                                 |
| lorida document number L20000171536   |   |  |
| his amendment is submitted to amend the following:  |   |  |
| . If amending name, enter the new name of the lin   | nited liability company here:   |  |
| he new name must be distinguishable and contain the words "Lir  | mited Liability Company," the designation "LLC"                             | or the abbreviation "L.L.C."                 |
| nter new principal offices address, if applicable:  |   |  |
| Principal office address MUST BE A STREET ADD   | RESS)   |  |
|   |   | <u>.                                    </u> |
|   |   |  |
| Enter new mailing address, if applicable:   |   |  |
| Mailing address MAY BE A POST OFFICE BOX)   |   |  |
|   |   |  |
|   |   |  |
| <ol> <li>If amending the registered agent and/or registere<br/>gent and/or the new registered office address here:</li> </ol> |   | he name of the new register                  |
|   |   |  |
| Name of New Registered Agent:   |   |  |
| New Registered Office Address:  |   |  |
| <del>-</del>  | Enter Florida street address  | ····   |
|   |   | rida   |
|   | 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 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 222 At 124 P.1     | Type of Action |
|---------------------|-----------------|----------------------------|----------------|
| MGR                 | IVAN MLADENOVIC | 6240 SW 59TH ST            | <b>≅</b> ∧ 3.1 |
|                     |                 | SOUTH MIAMI, FLORIDA 33143 | □Remove        |
|                     |                 |                            | □ Change       |
| MGR SARA MLADENOVIC | SARA MLADENOVIC | 6240 SW 59TH ST            | □ Add          |
|                     |                 | SOUTH MIAMI, FLORIDA 33143 | =Remove        |
|                     |                 | <del></del>                | □Change        |
|                     |                 |                            | □Add           |
|                     |                 |                            | □Remove        |
|                     |                 | □Change                    |                |
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