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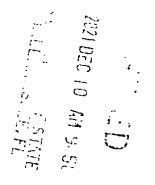
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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A. BUTLER DEC 2 7 2021

COVER LETTER

TO:

TO: Registration Division of C	Section Corporations		
Snooky	& Associates LÉC	·	
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing	
	spondence concerning this matter		
	Brittany N. Smith		
		Name of Person	
		Firm/Company	
	9641 SW 194th Cir		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Dunnellon FL. 34432		
		City/State and Zip Code	
	viponlinenotary@gmail.cor		
For turther information	E-mail address: (n concerning this matter, please c	to be used for future annual report not all:	ification)
Brittany N. Smith		470 4187882	
Name	e of Person	Area Code Daytin	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 (add-tional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration		Street Address:	otion
	Corporations	Registration Se Division of Cor	
P.O. Box 63	327	The Centre of T	fallahassee
Tallahassee	, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Snooky & Associates LLC

(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 Lia Florida document number L20000366306	ability Company	were filed on November	19: 2020 Son Eandlassigne
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
VIP Online Notary LLC			
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C
Enter new principal offices address, if applica	ıble:	9641 SW 194th Cir	
(Principal office address MUST BE A STREET		Dunnellon FL. 34432	
Enter new mailing address, if applicable:		9641 SW 194th Cir	~
(Mailing address MAY BE A POST OFFICE B	ROY)	Dunnellon FL, 34432	
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office a here:	address on our records,	enter the name of the new registere
Name of New Registered Agent:			
New Registered Office Address:	9641 SW 194th		
		Enter Florida street	address
	Dunnellon		, Florida 34432
		C <i>lty</i>	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 we neme provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an 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	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
		□Add	
			□Remove
			Change
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ffectiv	e date, if other than the date of filing:
an effe lote: I	etive 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 605.021 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocume	nt's effective date on the Department of State's records.
record Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th.
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o e a el	1011111 111
ated _	12/6/21
ated _	Polloned South
ated _	Signature of a monorer or authorized representative of a member

Filing Fee: \$25.00