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A. BUTLER
DEC 3 2021

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Snap	Point Holdings, LLC Name of Lim	ited Liability Company				
The enclosed Articles of A	mendment and fec(s) are sub	mitted for filing.				
Please return all correspond	lence concerning this matter	to the following:				
	John T. Gulliford					
		Name of Person				
	Snap Point Holdings, LLC					
		Firm/Company				
	1037 5th Avenue North					
		Address				
	Naples, FL	34102				
		City/State and Zip Code				
	thad@pered					
	E-mail address: (to be used for future annual report not	ification)			
For further information cor	acerning this matter, please co	all:				
John T. Gullifor	d	at (<u>239</u>) <u>263.4224</u>	.			
Name of Person Area Code Daytime 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 Address: Registration Section		<u>Street Address:</u> Registration Se	ection			
Division of Corporations			Division of Corporations			
P.O. Box 6327 Tallahassee, Fl			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

En sili

Snap Point Holdings, LLC

2021 NOT -8 AM 7: 43

(<u>Name of the Limited Lia</u> (A Flo	ibility Company orida Limited Lia	as it now appears) bility Company)	ars on our records.	, , ,	
The Articles of Organization for this Limited Liabilit	y Company w	ere filed on _	Jan 22, 2021	<u>ios gran</u>	d-assigned
Florida document number <u>L21000020900</u>	·				
This amendment is submitted to amend the following	j.				
A. If amending name, enter the new name of the	<u>limited liabili</u>	ty company l	<u>nere</u> :		
The new name must be distinguishable and contain the words "	Limited Liability	Company." the	designation "LLC"	or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:			. <u>.</u>		
(Principal office address MUST BE A STREET AD	DDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	2				-
B. If amending the registered agent and/or registered agent and/or the new registered office address her Name of New Registered Agent:		dress on our	records, <u>enter tl</u>	ne name of th	e new register
New Registered Office Address:					
	Enter Florida street address				
		City	, Flor		Code
New Registered Agent's Signature, if changing Regist	tered Agent:	(4,		* **	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	ent and agree ad complete p d agent as pr tered office a	erformance o ovided for in	f my duties, and Chapter 605, F	l I am familia S. Or, if this	r with and document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Bryce Keller	3398 Timberwood Circle	□Add
		Naples, FL 34105	EXRemove
			□Change
MGR	John T. Gulliford	1037 5th Avenue North	
		Naples, FL 34102	□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
		· •	□Change
			🖸 Add
			□Remove
			□Change
		_	□Add
		 	□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective 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 (3)(b) _(optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

11/3/2021 Signature of a member of authorized representative of a member John T. Gulliford Typed or printed name of signee

Filing Fee: \$25.00