## 121000058642

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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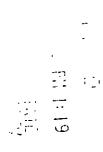
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## **COVER LETTER**

TO: Registration Sec Division of Corp		•		
SUBJECT:	AmandaSnyo Name of Lim	der Homes ited Liability Company	LLC	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	idence concerning this matter	to the following:		
	Amanda	Snyder Name of Person		
	MUP R	Pirm/Company		
	2305 Mar	K AVE		
			3950	
	amandasny E-mail address: (	City/State and Zip Code derhomes Egre to be used for future annual	report notification	n)
For further information co	ncerning this matter, please co			,
Amanda S	onyder	at (941 Area Code	726 -	4110
Name of	Person	Area Code	Daytime Telep	bhone Number
Enclosed is a check for the	e following amount:			
\$ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>:</u>	Street A	ddress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AmandaSnyderHomes	LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	e as it now appears on our records.) ability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company w Florida document number $\underline{L2100058642}$ .	vere filed on 02 02 202	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:	Amanda Snyder Home		
(Principal office address MUST BE A STREET ADDRESS)	2305 Mark Ave		
	Punta Gorda, Fl	33950	
Enter new mailing address, if applicable:	Amanda Snyder Hom	es LLC	
(Mailing address MAY BE A POST OFFICE BOX)	AmandaSnyderHomes LLC 2305 Mark Ave		
	Punta Gorda, FZ	33950	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>enter the nam</u>	e of the new register	
Name of New Registered Agent:		UB	
New Registered Office Address:			
	Enter Florida street address	- <del>- 1</del> · · ·	
	Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of	performance of my duties, and I am j vovided for in Chapter 605, F.S. Or,	familiar with and if this document is	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Amanda Snyder	2305 Mark Ave	XAdd
		Punta Gorda, FL 33950	) □Remove
			□Change
			🗆 Add
			□Remove
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ctive date, if oth	er than the date of f	ĭling:		(opti	ional)
: If the date inser	d, the date must be specifi- ted in this block does re date on the Department	not meet the applicab	date of filing or more it le statutory filing rec	ian 90 days afte juirements, th	r filing.) Pursuant to 60: is date will not be list
ord specifies a del filed.	ayed effective date, but	i not an effective time	e, at 12:01 a.m. on th	e earlier of: (l	b) The 90th day afte
700	ne 30	2021			= =
	Signature	of a member or authoric	zed representative of a	member	
	_	nanda S			**