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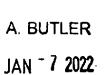
(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Co			
	Ventures LLC		•
SUBJECT:	Name of Lin	ited Liability Company	
The anglocad Articles of	Amendment and fee(s) are sub	omittod for filing	
	ondence concerning this matter	-	
rease recuir an correspo	moence concerning this matter	to the tollowing.	
	Jenny Countz		
		Name of Person	
	ZenBusiness Inc.		
		Firm/Company	
	5511 Parkerest Drive, Suit	e 103	
		Address	
	Austin, TX 78731		
	fulfillment@zenbusiness.co	City/State and Zip Code	
		orn to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Jenny Countz		844 493-6249	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee &. Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Sec	
Division of C	orporations	Division of Cor	porations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Snow Hill Ventures LLC	, U	
(Name of the Limited Liability	Company as it now appears on or inited Liability Company)	r records.)
(A Frontia :	i mineci raamney v. ompany i	
The Articles of Organization for this Limited Liability Co		
lorida document number L21000101139		
forida document number	- '	·
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
	-	
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		
	•	
. If amending the registered agent and/or registered	office address on our records	, enter the name of the new regist
ent and/or the new registered office address here:		
Name of New Registered Agent:		
rame or regulation regular		
New Registered Office Address:	والمقروب فياليان والمساورة	
	Enter Florida stre	et address
		. Florida
	City	, Florida 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 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>	Name	Address	Type of Action
AMBR	Nick Chini	PO BOX 385	□ Add
		COMMACK, NY 11725	
			□ Change
			□Add
			□ Remove
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ective date, if other than the confective date is listed, the date must te: If the date inserted in this blocument's effective date on the Department.	ck does not meet	the applicable	ate of filing or mo statutory filing	(opti re than 90 days afte requirements, th	onal) r filing.) Pursuant to 6 is date will not be li	05,0207 isted as
cord specifies a delayed effective s filed.	date, but not an o	effective time.	at 12:01 a.m. o	n the earlier of: (t	o) The 90th day at	ier the
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Miguel R. For	bes ignature of a mem	ber or authorize	d representative (of a member		