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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	T: Choose Snooze UC	
	Name of Limited Liability Company	
The end	osed Articles of Amendment and fee(s) are submitted for filing.	
Please	turn all correspondence concerning this matter to the following:	
	Civotta Hall Name of Person	
	Firm Company	
		- - -
	St Petersburg 12 30	370 5
	E-mail address: (to be used for future annual report notific	d. Com
For fur	er information concerning this matter, please call:	
	Name of Person Area Code Daytime T	Glephone Number
Enclose	is a check for the following amount:	
1 2 S2.	00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \&\Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorpoP.O. Box 6327The Centre of TalTallahassee, FL 323142415 N. Monroe STallahassee, FL 3Tallahassee, FL 3	on A J J Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our records.)
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L2100011934.6	were filed on $3 12 21$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	— N/A
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	\sim
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	NH
	Enter Florida street address , 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 accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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	Rob Thomas	4917 Lake Share Daks Ct	ikAdd
		Tampa FL 33624	□Remove
			©Change
			□Add
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	to the Ch	0020 SN0020	LLC SO	That	
	Joth Car'	lotta Hall	and Rob	Thomas	
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n effective (te, if other than the date of f late is listed, the date must be specific	c and cannot be prior to dat	e of filing or more than 90	(optional) days after (iling.) Pursuansic	605.0207
	date inserted in this block does r ffective date on the Department		statutory filing requirem	·	listed as
				1	
record spec is filed.	fies a delayed effective date, but	t not an effective time, a	t 12:01 a.m. on the earl	ier of: (b) The 90th day	
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	(10)	NIDATA	of I		
	Signature		representative of a member		-
_	Signatured	a member of authorized	representative of a memor	er	

Filing Fee: \$25.00