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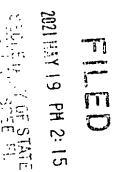
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## **COVER LETTER**

•	on of Cor	porations		•	
		erprise LLC			
SUBJECT:	•	Name of Lim	ited Liability Company	***************************************	
The enclosed A	inicles of	Amendment and fec(s) are sub	mitted for filing.		
Please return al	ll correspo	indence concerning this matter	to the following:		
		Tammy Snellen			
			Name of Person		
			Firm/Company		
		13050 Gran Bay Pkwy Un	it 436	С 151 г.	202
			Address		
		Jacksonville/FL 32258		<u> </u>	9
		tlynnsnellen@gmail.com	City/State and Zip Code		20211:3Y 19 PH 2:1
For further info	rniation c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notif all:	ication)	2: 15
Tammy Sneller	n		502 939-8853 at ()		
	Name o	f Person	Area Code Daytime	: Telephone Number	_
Enclosed is a cl	heck for t	ne following amount:			
■ \$25.00 Fili	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 5 \$60.00 Filing For Certificate of Section Copy tadditional copy is	Status &
	ng Addres		<u>Street Address:</u> Registration Sec	rtion	
Registration Section Division of Corporations			Division of Coη	porations	
	Box 632 hassee.	:7 FL 32314	The Centre of T. 2415 N. Monroe	allahassee : Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Snellen Enterprise LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our recor ed Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited Liability Compa	my were filed on April 26, 2021	and assigned
Florida document number 1.21000191803		
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	ability company here:	
inellen & Co. LLC		<b>20</b>
nellen & Co. LLC  he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LL	C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		171 8
<u>Principal office address MUST BE A STREET ADDRESS)</u>	! <u></u>	9 P
	<del></del>	7107 72
Inter new mailing address, if applicable:		المين المين
Mailing address MAY BE A POST OFFICE BOX)		··
<ol> <li>If amending the registered agent and/or registered office and/or the new registered office address here:</li> </ol>	ce address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	
	Chier vanga sirea daar	(5)
	· · · · · · · · · · · · · · · · · · ·	lorida
	Cuy	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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			- Remove
			Add  Change  Change  Change
			Till U □Add
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an effective date is listed, the date tote: If the date inserted in the	must be specific an is block does not	d cannot be prior to meet the applical	o date of filing or ble statutory fil	more than 90 days ing-requirements	safter filin s, this dat	g.) Pursua e will no	mt to 605.02 of be listed
ocument's effective date on th	e Department of	State's records.					
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e record specifies a dela The 90th day after the			an enective	time, at 12.	Vi a.m.	. On th	e earner
		2021					
ated May 14	<del></del>	. 2021	_ •				
	00						
Tammy Sn	ellen Signature of a	member or author	nzed representati	ve of a member			<del></del> -

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Filing Fee: \$25.00