K21000223744

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 20, 2021

TROY SUTTER 6278 N. FEDERAL HWY. STE. 456 FT. LAUDERDALE, FL 33308

SUBJECT: SNACKSANDSNACKS, LLC

Ref. Number: L21000223744

We have received your document for SNACKSANDSNACKS, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 321A00020018

COVER LETTER

TO:

Registration Section Division of Corporations

Division of Corporations				DE0E'VED		
OUR INCO	SNACK	S AUD CIL	テレマ	, , , 0		
SUBJECT:		S AWO _SWA Name of Lim	ited Liability Company	2821 AUG	-9 PM 1:39	
The enclosed Art	icles of Amendme	nt and fee(s) are sub	omitted for filing.	-		
Please return all	correspondence co	ncerning this matter	to the following:			
			TROY SUTTE	r.		
			Name of Person			
			SMACKS AND S	NACKS		
		6778 N.	Federal Hyhway Address	HL 456		
		— F1 L	auderdale Ft.	33308		
			City/State and Zip Code			
		E-mail address: (Suffer @ juno . o to be used for future annual rep	ort notification)		
For further inform	nation concerning	this matter, please ca	all:			
7	ROY SUTTO	ER.	at (754) 60 Area Code	580624		
	Name of Person		Area Code	Daytime Telephon	e Number	
Enclosed is a che	ck for the followin	g amount:				
□ \$25.00 Filing		00 Filing Fee & rtificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
	Address: ation Section		<u>Street Addr</u> Registratio			
Divisio	n of Co rporatio	ons	Division o	f Corporation		
	ox 6327 issee, FL 32314			e of Tallahass Ionroe Street,		
-	, <u> </u>			e, FL 32303	-	

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our record Liability Company)	<u>s)</u>
The Articles of Organization for this Limited Liability Company Florida document number <u>노 카(이어 카)</u> 국무나 .	were filed on MRLY 13	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 Liabi	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)		
Enter new mailing address, if applicable:		···-
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regis
gent and or the new registered office address here.		17,
Name of New Registered Agent:		1
Name of New Registered Agent.	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street addres.	<u> </u>
	enter r tortaa street daares.	ာ မှာ မောင်
	, Flo	orida Zip Code
	Cuy	zip Coae

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 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>	<u>Address</u>	Type of Action
AMBR	TROY SUITER	607	□ Add
thunge Tr	om mor to Ambr		□Remove
		6278 N. Federal Phy 456 3330	<u>S</u> ⊅Change
		· · · · · · · · · · · · · · · · · · ·	□Add
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ectiv	e date, if other than the date of filing: (optional)
reffec <u>te:</u> It	tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
cord s file	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 d.
ed _	Signature of a member or authorized representative of a member
	The OS Att
	Signature of a member or authorized representative of a member
	TROY SUTTER
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