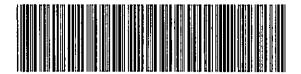
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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration So Division of Cor | | | | |
|---|--|---|--|--|
| SNAPSHO | T REMODELING LLC | | | |
| SUBJECT: | | | | |
| | Name of Lin | ited Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | LUIZ A MARQUES CAN | тинх) | | |
| | | Name of Person | | |
| | SNAPSHOT REMODELL | NG LLC | | |
| | Firm/Company | | | |
| | 13915 BASIN ST | | | |
| | | Address | | |
| | TAMPA, FL, 33625 | | | |
| | snapshotremodeling@gmail | City/State and Zip Code .com | | |
| | E-mail address: (| to be used for future annual report not | iffication) | |
| For further information c | oncerning this matter, please c | all: | | |
| LUIZ A MARQUES CANDIDO | | 813 592-5377 | | |
| AT. | 2 D | at () | ne Telephone Number | |
| Name o | a Person | Area Code Daytir | ne Telephone Number | |
| Enclosed is a check for the | he following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing Addres | | Street Address: | | |
| Registration Section Division of Corporations | | Registration Se | | |
| P.O. Box 6327 | | | Division of Corporations The Centre of Tallahassee | |
| Tallahassee, FL 32314 | | | 2415 N. Monroe Street, Suite 819 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNAPSHOT REMODELING LLC

company has been notified in writing of this change.

| (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li | ny as it now appears on our record iability Company) | <u>ds.</u>) |
|--|---|---------------------------------|
| The Articles of Organization for this Limited Liability Company v Florida document number 1.21000425993 | were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | ty Company," the designation "LLC | " or the , obreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: | | OIVISIUM |
| (Mailing address MAY BE A POST OFFICE BOX) | | 29 YA |
| B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: | ddress on our records, <u>enter</u> | the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| New Registered Agent's Signature, if changing Registered Agent: | City | Z.p Code |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete j | | |

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. O., if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability

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 |
|--------------|-----------------|----------------------------------|---|
| AMBR | RODRIGO RUESCAS | 13915 BASIN ST, TAMPA, FL, 33625 | |
| | | | |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. SEPTEMBER 22 2022 Dated ature of a member or authorized representative of a member