## 121000493802

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A. BUTLER
JAN 28 2022

## **COVER LETTER**

	ation Section n of Corporations	
	APOUNDS LLC	
SUBJECT:	Name of L	imited Liability Company
The enclosed Art	ticles of Amendment and fec(s) are si	ubmitted for filing
	correspondence concerning this matte	-
	GARY S POUNDS	
		Name of Person
	SNAPOUNDS LLC	
		Firm/Company
	3 WASSON PL	
	<del></del>	Address
	PALM COAST, FL 3210	64
	<del></del>	City/State and Zip Code
	SNAPOUNDS@BELLSO	
	E-mail address	; (to be used for future annual report notification)
For further infor	mation concerning this matter, please	call:
GARY S POUN	DS	386 225-3503 at ( )
	Name of Person	at ()
Enclosed is a che	eck for the following amount:	
<b>■ \$</b> 25,00 Filing	g Fee \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address: ration Section	Street Address: Registration Section
Divisio	on of Corporations	Division of Corporations
	ox 6327 assee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNAPOUNDS LLC		44	
( <u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our mited Liability Company)	records.)	
he Articles of Organization for this Limited Liability Conlorida document number <u>L21000493802</u>	npany were filed on 11/17/2021	and assign	ed
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limite	d liability company here:		
OASTED NOMAD LLC			
ne new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	"LLC" or the abbreviation "L.L.C	
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE.	<b>CO</b>		
mental office duarem most ment of the mental of the			
	•		
laton ann an dùr a addana (fanallach).			
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		<del></del>	
3. If amending the registered agent and/or registered ogent and/or the new registered office address here:	office address on our records, g	enter the name of the new re	<u>egiş</u> i
Name of New Registered Agent:			
New Registered Office Address:	22 27 21		
	Enter Florida street	address	
		Florida	
	Ciţy	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 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
			□Remove
			□Clunge
			Петюче
			□Change
		<del></del>	□Add
			□Remove
			□Change
			⊒Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	Change
			Петюче
			□Change

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fective date, if other than the data in effective date is listed, the date must be steel. If the date inserted in this block current's effective date on the Department.	c does not meet the applic	able statutory filing requ	(optional) in 90 days after filing.) Pursi irrements, this date will i	uant to 605,0207 not be listed as
ecord specifies a delayed effective d is filed.	ate, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th	h day after the
JANUARY 12	2022	<u> </u>		
icu				
Ca Co	gnature of a member or author			