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## **COVER LETTER**

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Registration Section

TO:

Div	ision of Cor	porations		
		SULTING LLC		
SUBJECT:	<del></del>	Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		Lauren Marsicano, Esq.		
			Name of Person	
		Marsicano - Leyva PLLC		
			Firm/Company	<del> </del>
		1600 Ponce de Leon Blyd	10th Floor	
			Address	
		Coral Gables, FL 33134		
			City/State and Zip Code	
		LM(a)MLesquire.com	to be used for future annual report	
For further in	iformation c	oncerning this matter, please c		nonneadon)
Lauren Mars	sicano, Esq.		305 721-2917	
	Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>章</b> \$25.00 F	iling 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)
	ling Addres		Street Address Registration	
Div	ision of C	orporations	Division of C	Corporations
	), Box 632			f Tallahassee
1 a l	lahassee, I	1. 32314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNT CONSULTING LLC	
(Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/21/2022}{\text{Elorida document number}}$	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "I	J.C" or the abbreviation "E.E.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	<u> </u>
Enter new mailing address, if applicable:	. 1
Mailing address MAY BE A POST OFFICE BOX)	1.3
	$\dot{\odot}$
	<u> </u>
B. If amending the registered agent and/or registered office address on our records, <u>ent</u> agent and/or the new registered office address here:	er the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street ado	lress
	Florida

## 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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/A	Natalie Anna Marino	9993 NW 52ND ST.	□Add
		SUNRISE, FL 33351	
		<u></u>	<b>≡</b> Change
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E. Effective date, if other than the (It an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	lock does not meet the applicable	(optional) ate of filing or more than 90 days after filing.) Pursu statutory filing requirements, this date will no	ant to 605,0207 (3)(1 ot be listed as the
If the record specifies a delayed effective record is filed.	ve date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th	day after the
June 24	2024	A , MARAINI	ſ (;
Dated		11	

Typed or printed name of signec