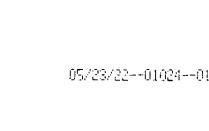
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COVER LETTER

O: Registration Section Division of Corporations
SUBJECT: Trace Market Report SNPLLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
JKR Deselopment Firm/Company
4079 Woodview OC
Sara sota F 34232 City/State and Zip Code Timana Cle Reunul 1511 @ Jahoo. On E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
at () Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
nclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 23 PM 1: 32 TINA MARIE NP LLC (Name of the Limited Liability Company as it now appears on our resideNE IANT OF STATE

(A Florida Limited Liability Company) TALL AHASSEF, FI TALLAHASSEE.FL The Articles of Organization for this Limited Liability Company were filed on Florida document number 2200120860This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Development The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

. Florida

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 **Title** Name **Address** Type of Action ____ □Add _____ □Remove _____ Change ______ 🗀 Add _____ □Remove _____ □Change ______ □Add ______ □Remove ______ □Change _____ DAdd □Remove ______ _ □Add __ □Remove ______ □Change

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Filing Fee: \$25.00