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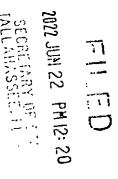
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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

SUBJECT:	SHAKE N E	BAKE 2305 LLC		
		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Tanya Lanthier			
		Name of Person	<u></u>	
	Shake N Bake 2305 LLC			
		Firm/Company		
	8348 S Missionwood Circle			
		Address		
	Mirimar, FL 33025			
		City/State and Zip Code		
	Shakenbakerental@gmail.co			
	E-mail address: (	to be used for future annual report not	fication)	
For further information c	oncerning this matter, please ca	all:		
Fanya Lainthier		954 931-7209		
		at () Area Code Daytim		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne 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 Address Registration	Section	Street Address: Registration Se		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Shake N Bake 2305 LLC

2022 JUN 22 PM 12: 20

(Name of the Lin	ited Liability Com (A Florida Limite	pany as it now appears on our d Liability Company)	records. SECRETARY OF STALLAHASSEE, FL.
The Articles of Organization for this Limited lorida document number	Liability Compar	4/28/22	
This amendment is submitted to amend the fo	Howing:		
. If amending name, enter the new name	of the limited lia	ability company here:	
SNB RENTALS LLC			
he new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation	in "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if appl	icable:	Same	,
Principal office address MUST BE A STRE	ET ADDRESS)		
		<del></del>	
nter new mailing address, if applicable:		Same	
Mailing address MAY BE A POST OFFICE	E BOX)		
. If amending the registered agent and/or gent and/or the new registered office addr		e address on our records,	enter the name of the new regi
Name of New Registered Agent:	N/2:		
New Registered Office Address:	N/a		
		Enter Florida stree.	
	N/a		, Florida <sup>N/a</sup>
		City	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>	<u>Address</u>	Type of Action
N/a	N/a	N/a	
		Remove	
		□Change	
		□Add	
			□Remove
			□Change
			Add
			Remove
		□Change	
		□Remove	
			□Change
		□Add	
		□Remove	
			Change
		□Remove	
			Change