

L22000473301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

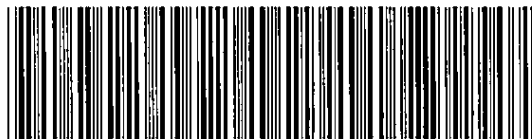
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Special Instructions to Filing Officer:

J. HORNE  
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SECRETARY OF STATE  
FALL APPLICABLE

2022 NOV -9 AM 8:36

FILED

CA

SECRETARY OF STATE  
FALL APPLICABLE

2022 NOV -9 PM 2:48

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SNL Solutions LLC

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SNI Solutions LLC

\_\_\_\_\_  
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:

Salvador Tracey

\_\_\_\_\_  
Name of Person

SNI Solutions LLC

\_\_\_\_\_  
Firm/Company

5922 Shell Ridge Drive

\_\_\_\_\_  
Address

Lithia, FL 33547

\_\_\_\_\_  
City/State and Zip Code

saltracey1981@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Cooke

727 458-0633  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
2022 NOV -9 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

SNL Solutions LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11-3-22 and assigned Florida document number L22000473301.

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 "LLC" or the abbreviation "L.L.C."

**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:

Salvador Tracey

New Registered Office Address:

5922 Shell Ridge Drive

*Enter Florida street address*

Lithia

City

Florida

33547

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.*

SALVADOR TRACEY

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Cooke, Salvador	5922 Shell Ridge Drive	<input type="checkbox"/> Add
		Lithia, FL 33547	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tracey, Salvador	5922 Shell Ridge Drive	<input checked="" type="checkbox"/> Add
		Lithia, FL 33547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cooke, Laura	5922 Shell Ridge Drive	<input checked="" type="checkbox"/> Add
		Lithia, FL 33547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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**E. Effective date, if other than the date of filing: 11-3-22 (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**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.

Dated November 8, 2022

SALVADOR TRACEY  
Signature of a member or authorized representative of a member

Salvador Tracey  
Typed or printed name of signee

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

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Name of Limited Liability Company

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Please return all correspondence concerning this matter to the following:

Salvador Tracey  
Name of Person

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Firm/Company

5922 Shell Ridge Drive  
Address

Lithia, FL 33547  
City/State and Zip Code

saltracey1981@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Cooke at ( 727 ) 458-0633  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

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Registration Section  
Division of Corporations  
P.O. Box 6327

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SNI Solutions LLC

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(A Florida Limited Liability Company)

FILED  
2022 NOV -9 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\_\_\_\_\_  
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\_\_\_\_\_

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City

Florida

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		Lithia, FL 33547	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tracey, Salvador	5922 Shell Ridge Drive	<input checked="" type="checkbox"/> Add
		Lithia, FL 33547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cooke, Laura	5922 Shell Ridge Drive	<input checked="" type="checkbox"/> Add
		Lithia, FL 33547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Signature of a member or authorized representative of a member

Salvador Tracey  
Typed or printed name of signee