Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000230290 3)))



**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Estimated Charge

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (813)436-5206 Fax Number

**Enter	the	email	address	for	this	busines	s entity	to be	used	forsfu	iture
an	nual	report	t mailın	qs,	Enter	only or	ne email	addres	ss ple	ase.ˈ+*	

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SNAPFLOW LLC

Certificate of Status 0 Certified Copy 0 04 Page Count

\$25.00

Electronic Filing Menu Corporate Filing Menu

15 2028 eH T. LEMIEUX

## ARTICLES OF AMENDMENT TO: s ARTICLES:OF ORGANIZATION

	AKTICLESO	r Ont	FALLE I	Z254 L L	CH	
	•	OF	<b>ءنو</b>	Ħ		₽
<b>@</b>	•					,
	SNAPFLOW LLC			p.ī		
	(Name of the Limited Liability C	ompany as	it now a	ppears	on our re	ecords.)
	(A Florida Lin	nted Liabili	ty Comp	oany)	-	

mpany)		
d on 01/23/2023	and assigned	
pany here:		
ny," the designation "ELC" or the abbr	eviation "L.L.C."	
	<del></del>	
		<u> </u>
		_
n our records, enter the name	of the new regis	stered
	<u> </u>	
enter r torida street address	့် ငှာ	
, Florida	Zıp Cödle	
	pany here:  ny." the designation "LLC" or the abbr  n our records, enter the name	n our records, enter the name of the new reging the records and assigned the new reging the records are address and assigned and assigned and assigned the new reging the new reging the new reging the records are address and assigned and assigned the new reging

## 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.

7/11/2023 07:32:47 PDT .

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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>	Name	Address	Type of Action
AMBR	QUELLHORST, AYLA	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	Z Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change

_	
_	
_	
_	
_	
_	
_	
_	
ote: 1	e date, if other than the date of filing:
record Lis file	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
ated _	June 28 . 2023 .
	Signature of a member or authorized representative of a member
	Robin Jones Typed or printed name of signee