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Division of Corporations

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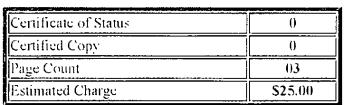
Account Name : PARASEC

Account Number : I20180000086 Phone : (916)576-7000 Fax Number : (800)603-5863

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: RLOPS@PARASEC.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SNOW STAR ENTERTAINMENT LLC



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7TO: 18506176383 From: 19166105073 Date: 09/13/23 Time: 4:53 PM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONDAME OF A DEPORTOR ADVANCED BY	
SNOW STAR ENTERTAINMEN	
(Name of the Limited Liability Compa (A Florida Limited)	.mbthty Company)
The Articles of Organization for this Limited Liability Company	were filed on 03/30/2023 and assigned
Florida document number <u>1.23000160360</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liah</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	hty 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:	
•••	प्रति २1 २
(Mailing address MAY BE A POST OFFICE BOX)	<u>۔ ۔</u>
B. If amending the registered agent and/or registered office a	uldray on any regards antantha name of the new registers.
agent and/or the new registered office address here:	tudi ess on our records, enter the name of the new registered
	بْب
Name of New Registered Agent:	. 0.5
New Registered Office Address:	
	Emer Florida street address
	, Florida
<del>,</del>	City Zin 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.

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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	<u>Name</u>	Address	Type of Action
AMBR VALERIA FELICIANO NI	VALERIA FELICIANO NIEVES	2412 IRWIN ST	□ Add
		MELBOURNE, FL 32901	TRemove
			XChange
			[]Remove
			□Change
			27Add
			ZRemove
			□Change
		TIAdd	
			CRemove
			Change
			□Remove
			UChange
			UAdd
			□Remove
		LiChange	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) E. Effective date, if other than the date of filing: (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 triing.) Pursuant to 60× 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 \_ August 29 Signature of a member or authorized representative of a member Valeria Feliciano Nieves Typed or printed name of signee

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