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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SNO DEVELOPMENT LLC

Certificate of Status	0
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T. LEMIEUX

JUN 2 1 2023

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4

SNO Development 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 $\frac{05/04/23}{}$ and assigned Florida document number ______L23000221805 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 "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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, §	Signature of Ne	w Registered	Agent
---------------------------------	-----------------	--------------	-------

Enter Florida street address

_, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Shloino Atik	447 S. Federal Hwy	🗹 Add
		Deerfield Beach, FL 33441	□Remove
			☐ Change
AMBR Or Darman	Or Darman	2060 N 29th ave #103	ZAdd
		Hollywood, FL 33020	Пр
	·		□Change
AMBR Neil Amit	Neil Amit	7951 NE Bayshore CT	
		Miami, FL 33148	□Remove
			□Change
			□Add
			Remove
		□Change	
			□ Add
			□Remove
			□Change
			Add
			□Remove
			□Change

Dated	Peter garge
Day, June 20	
ord is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
(If an effective date is listed, the date mu	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 block does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.
	
1 906-111-21-196	
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Filing Fee: \$25.00