L2400086823

(Re	equestor's Name))
(Ac	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		Rec 4/27
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COVER LETTER

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	Registration Se Division of Cor			
arin to co	Snapzone L	LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ren	urn all correspo	ondence concerning this matter	to the following:	
		Islam Fayed		
			Name of Person	
		Snapzone LLC		
			Firm/Company	
		10224 Via Colomba Cir		
			Address	
		Fort Myers, FL 33966		
			City/State and Zip Code	
		ifayed01@gmail.com		
F 64h.a	:-6:		to be used for future annual report notification)	
		oncerning this matter, please c		
Islam Fay			203 500-4476 at ()	
	Name o	f Person	Area Code Daytime Telephone N	Jumber
Enclosed	is a check for t	he following amount:		
■ \$25.0	O Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
F	Mailing Addres	Section	Street Address: Registration Section	: .)
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
7	Γallahassee,	FL 32314	2415 N. Monroe Street, St Tallahassee, FL 32303	uite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Snapzone LLC	
(Name of the Limited Liabi (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability of Florida document number <u>L24000086823</u>	Company were filed on 02/19/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ed office address on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is sed office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

C)

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
AMBR	Alhan Selem	10224 Via Colomba Cir	
		Fort Myers, FL 33066	■Remove
			☐ Change
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	04/20/2024 te of filing:		(optional)	
ffective date, if other than the dat	specific and cannot be prior to	date of filing or more than	90 days after filing.) Pur	suant to 605.020
an effective date is listed, the date must be	does not meet the applical	ble statutory filing requi	rements this date will	not be listed a
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Filing Fee: \$25.00