## L24 000 256 739

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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## . COVER LETTER

TO: Registration : Division of Co				
SNAPDE SUBJECT:	AL LLC			
<u></u>	Name of Li	mited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are su	ibmitted for filing.		
	oundence concerning this matte			
	AARON FLORES			
		Name of Person		
	SNAPDEAL LLC			
		Firm/Company		
	356 IBIZA LOOP			
		Address	<del></del>	
	VENICE, FLORIDA 342	292		
		City/State and Zip Code		
	AARONE.FLORS@GMA	AIL.COM		
	E-mail address:	(to be used for future annual report not	ification)	
For further information of	concerning this matter, please of	call:		
AARON FLORES	_	347 303-1476		
Name of Person			ne Telephone Number	
Enclosed is a check for t	he 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		Street Address:		
Registration S Division of C		Registration Section		
P.O. Box 632	.7	Division of Cor The Centre of T		
Tallahassee, I	FL 32314		e Street Suite \$10	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNAPDEAL LLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our recorda Limited Liability Company)	<u>ds.</u> )
he Articles of Organization for this Limited Liability	Company were filed on 06/05/2024	and assigned
lorida document number L24000256739		und assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
Dreamy Cotton LLC		
he new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		24.6
Principal office address MUST BE A STREET ADD.	<u>RESS)</u>	1
		65 L
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		ලිබ කි
. If amending the registered agent and/or registere zent and/or the new registered office address here:	ed office address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	s .
		orida
	City	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.

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>	Address	Type of Action
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			Remove
		<del></del>	Change
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ective date, if other than	the date of filing:			(optional)	
n effective date is listed, the date te: If the date inserted in the	must be specific and ca	nnot be prior to date	of filing or more than t	90 days after filing.) Pu	rsuant to 605,020
cument's effective date on the	ne Department of Stat	e's records.	macry ming require	ments, this date wit	i not be noted a
cord specifies a delayed effe	ective date, but not an	effective time, at	12:01 a.m. on the ea	orlier of: (b) The 90	Oth day after the
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		/ /			
is filed.  MONDAY 12TH	/	2024			
is filed.  MONDAY 12TH		2024			
is filed.			epresentative of a mer		