

11/29/2018

U18000274065

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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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 annual report mailings. Enter only one email address please.**

Email Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

1188 SNOWDEN LLC

Certificate of Status	0
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Page Count	04
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T. CLINE
NOV 30 2018
EXAMINER

2018 NOV 29 PM 12:24

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1188 Snowden 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 09/20/2018 and assigned Florida document number L18000224065.

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 "L.L.C."

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 Office Address: _____

Enter Florida street address

_____, Florida _____
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	OHLROGGE, MATTHEW	3030 N ROCKY POINT DR STE 150A	☐ Add
		TAMPA, FL 33607	☐ Remove
			☒ Change
AMBR	OHLROGGE, ANDREW	3030 N ROCKY POINT DR STE 150A	☐ Add
		TAMPA, FL 33607	☐ Remove
			☒ Change
AMBR	OHLROGGE, DANIELLE	3030 N ROCKY POINT DR STE 150A	☐ Add
		TAMPA, FL 33607	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2018 NOV 29 AM 8:50
COUNTY OF HILLSBOROUGH
TAMPA, FLORIDA

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2018 NOV 29 AM 8:50
COUNTY OF STATE
CELLAR ASSIST. FLORIDA

2008 NOV 29 AM 8:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

750

E. Effective date, if other than the date of filing: _____ (optional)

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 filing.) Pursuant to 605.0207 (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 November 29, 2018

Morgan Noble

Signature of a member or authorized representative of a member

Morgan Noble

Typed or printed name of signee