

L04 0000 22179

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(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Water's Place Properties LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allen Snyder  
Name of Person  
Water's Place Properties  
Firm/Company  
724 Key Royale Dr  
Address  
Holmes Bch FL 34217  
City/State and Zip Code  
Allen.snyder28@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allen Snyder at (941) 224-8569  
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the 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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Water's Place Properties 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 03/22/04 and assigned  
Florida document number L 04000022179

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 end with 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:

Allen Snyder

New Registered Office Address:

724 Key Royale Dr  
Enter Florida street address

Holmes Bch

Florida

FL 34217  
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
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MGR	Ann Cassell	724 Key Royale Dr	<input type="checkbox"/> Add
		Holmes Bch FL 34217	<input checked="" type="checkbox"/> Remove

Treasurer	Ann Cassell	11	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

Secretary	Ann Cassell	11	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

MGR	Allen Snyder	724 Key Royale Dr	<input checked="" type="checkbox"/> Add
		Holmes Bch FL 34217	<input type="checkbox"/> Remove

Secretary	Allen Snyder	11	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

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HOLMES BEACH FL 34217

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 03/10, 2014.

 POA  
Signature of a member or authorized representative of a member

Allen Snyder  
Typed or printed name of signer

Page 3 of 3  
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA