

LD6000020422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

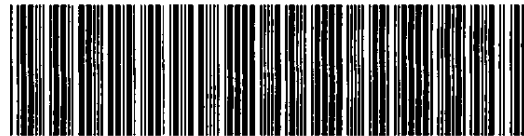
(Business Entity Name)

(Document Number)

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FILED
2010 OCT 19 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

OCT 20 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2010

SNS PROPERTIES, LLC
ATTN: ZAHID AKRAM
3830 MORENO DRIVE
PALM HARBOR, FL 34685

SUBJECT: SNS PROPERTIES, LLC
Ref. Number: L06000020422

We have received your document for SNS PROPERTIES, LLC and your check(s) totaling \$377.50. However, the document has not been filed and is being retained in this office for the following:

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 610A00023693

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SNS1 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:

ZAHID AKRAM

Name of Person

SNS1 PROPERTIES, LLC

Firm/Company

4746 ROWAN ROAD

Address

NEW PORT RICHEY, FL 34653

City/State and Zip Code

ZAKRAM@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZAHID AKRAM

Name of Person

at (727) 937-5106

Area Code & Daytime Telephone Number

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

SNS PROPERTIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2010 OCT 19 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 23, 2006 and assigned
Florida document number L06000020422.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SNS 1 PROPERTIES, LLC

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)

4746 ROWAN ROAD
NEW PORT RICHEY, FL 34653

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS BEFORE

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:

4746 ROWAN ROAD

Enter Florida street address

NEW PORT RICHEY, Florida 34653

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated October 12, 2010.

Z. Akram

Signature of a member or authorized representative of a member

ZAHID AKRAM

Typed or printed name of signee

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2010 OCT 19 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA