

LO7000110954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

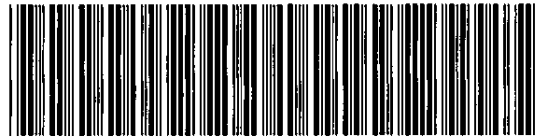
(Business Entity Name)

(Document Number)

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04/03/15--01006--001 **740.00

*Name Change ?
Amend*

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

15 APR -3 AM 9:27

NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED

2015 APR -3 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DOR
4/3/15*

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: K2 INVESTMENT 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:

JOHN R MUENCHEN, EA

Name of Person

TAX PLUS SOLUTIONS, INC.

Firm/Company

1140 SW BASCOM NORRIS DRIVE SUITE 107

Address

LAKE CITY, FL 32025

City/State and Zip Code

jack@taxplussolutions.com

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

For further information concerning this matter, please call:

JOHN R MUENCHEN, EA

at (

386

755-0877

Name of Person

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**

FILED

2015 APR -3 AM 9:48

K2 INVESTMENT PROPERTIES, LLC

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

OFFICE OF THE CLERK OF THE
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/1/2007 and assigned
Florida document number L07000110954.

This amendment is submitted to amend the following:

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

SNIDER-WARD 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:

394 SW FINLEY LITTLE LANE

(Principal office address MUST BE A STREET ADDRESS)

LAKE CITY, FL 32024

Enter new mailing address, if applicable:

394 SW FINLEY LITTLE LANE

(Mailing address MAY BE A POST OFFICE BOX)

LAKE CITY, FL 32024

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:

GARRY W WARD, JR

New Registered Office Address:

394 SW FINLEY LITTLE LANE

Enter Florida street address

LAKE CITY

City

, Florida 32024

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.

Garry W Ward
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

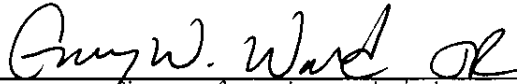
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SNIDER, KEN R	PO BOX 219	<input type="checkbox"/> Add
		FORT WHITE, FL 32038	<input type="checkbox"/> Remove
MGR	WARD, GARRY W JR	394 SW FINLEY LITTLE LANE	<input type="checkbox"/> Add
		LAKE CITY, FL 32024	<input type="checkbox"/> Remove
MGR	SNIDER, KARRI	224 SW TABERNACLE GLEN	<input type="checkbox"/> Add
		LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Remove
MGR	WARD, HEATHER	394 SW FINLEY LITTLE LANE	<input type="checkbox"/> Add
		LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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 APRIL 1 , 2015



Signature of a member or authorized representative of a member

GARRY W WARD, JR

Typed or printed name of signee