

**LD8 000108959**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**09 MAR - 6 AM 10:48**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**N. G. Gentry MAR - 9 2009**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Snape Home Improvement 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:

Stephen Snape  
(Name of Person)

Snape Home Improvement  
(Firm/Company)

299 N.W. North Macedo Blvd  
(Address)

Port St Lucie FL 34983  
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen Snape at 954 825-9458  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

09 MAR -6 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Snap Home Improvement  
(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 11-24-2008 and assigned  
Florida document number 20800010895.9

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)

299 N.W. North MACEDO Blvd  
Port St. Lucie  
Florida 34983

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

299 N.W. North MACEDO Blvd  
Port St. Lucie  
Florida 34983

**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:

299 NW North Macedo Blvd.

New Registered Office Address:

(Enter Florida street address)

Port St. Lucie

(City)

Florida 34983

(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>
MGR	E. Williams	# 410 3280 Spanish Moss Terrace Lauderhill Florida 33319	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jayne Thompson	Blvd 299 N.W. North Macedo Port St. Lucie Fl. 34983	<input checked="" 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 <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.)

Change Address: To  
299 N.W. North Macedo Blvd  
Port St Lucie Florida 34983  
Remove: E. Williams (MGR)  
Add: JAYNE THOMPSON (MGR)

Dated

3/4/09

Signature of a member or authorized representative of a member

Stephen Snape

Typed or printed name of signee

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TALLAHASSEE, FLORIDA