## 400000 87194

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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10/15/19--01031--001 \*\*25.00



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SNAPPER PROPERTY, 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:
Terry Shahrabani
, Name of Person
Firm/Company
1114 N. Atlantic Drive
Address
Lantana, FL 33462
terry-shahayahon, com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Terry Shahrabani at 501, 313-6782
Area Code Daytime Telephone Number
inclosed is a check for the following amount:
\$25.00 Filing Fee  \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, 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

SNAPPER PROPER	RTY, LLC
(Name of the Limited Liability Compar (A Florida Limited L	nay as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $08/19/2010$ and assigned
Florida document number <u>L</u> <u>40000087</u> 194	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ility company here:
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	5
_	8
Enter new mailing address, if applicable:	:5
(Mailing address MAY BE A POST OFFICE BOX)	
R If amonding the	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ice address/on our records, enter the name of the new
Name of New Registered Agent:	_
New Registered Office Address:	
	Enter Glorida street address
	Floris
<del></del>	City Florida
New Registered Agent's Signature, if changing Registered Agent:	.,
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

Title	<u>Name</u>	Address	Type of Action
MGR	Lissette Shahrabani	1114 N. Atlantic Drive Lantana, Fr. 33462	Add
			Remove
			Change
<del></del>			D Add
		·	□ Remove
			Change
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			Change
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			_ Remove
			_□ Change

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•	
ii an ei	tive date, if other than the date of filing:
docum	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
docum ne rec The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
docum he rec The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
docum	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00