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G. MCLEOD

MAY 25 2011

**EXAMINER** 



200207924692

**200207924692** 05/24/11--01002--021 \*\*25.00



## **COVER LETTER**

Division of Co	rporations					
SUBJECT:	SN&S	AT IBIS, LLC				
	Name of Limi	ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		HAI NGUYEN				
		Name of Person				
	SN&S AT IBIS, LLC					
		Firm/Company				
	8401 MARTIN LUTH	HER KING JR. ST. NC	RTH, SUITE 1150			
	SAINT	PETERSBURG, FL 3	3702			
		City/State and Zip Code				
	E-mail address: (i	sook141@gmail.com  E-mail address: (to be used for future annual report notification)				
For further information of	concerning this matter, please c	·	,			
HAI NGUYEN  Name of Person		at ( 813 ) Area Code &	at ( 813 ) 344-9771  Area Code & Daytime Telephone Number			
Enclosed is a check for t	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section

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

MAY 24 AM 10:02 **OF** SN&S AT IBIS, LLC

(Name of the Limited	Florida Limited I	<u>ny as it now appears o</u> Liability Company)	<u>n our records.</u> )	FLORICA
The Articles of Organization for this Limited L. Florida document numberL11000004		were filed on	1/11/11	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Company,	" the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	8401 MLK JR. STREET NORTH, STE 1150			
(Principal office address MUST BE A STREET ADDRESS)		SAINT PETERSBURG, FL 33702		
				- d
Enter new mailing address, if applicable:	8401 MLK JR. STREET NORTH, STE 1150			
(Mailing address MAY BE A POST OFFICE BOX)		SAINT PETERSBURG, FL 33702		
B. If amending the registered agent and/ registered agent and/or the new registered of			records, enter t	he name of the new
Name of New Registered Agent:	HAI NGUYEN			
New Registered Office Address:	8401 MLK	LK JR. STREET NORTH, STE 1150		
	Enter Florida street address			
	SAINT	SAINT PETERSBURG		33702
		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 = M MGRM =	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			□ p
			Remove
<del></del>			
			AddRemove
	WE ARE REMOVING C	on, enter change(s) here: (Attach additional sheet CAU LUONG AS REGISTERED AGENT A	
<u>-</u>	ALL CHAINS PAINS	TEN AO NEOISTEILEO AGENT.	
-			
Dated	MAY 19		
	Siona	ture of a member or authorized representative of a mer	mber
	3.5	HAI NGUYEN	
		Typed or printed name of signee	

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Filing Fee: \$25.00