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COVER LETTER

TO: Registration So Division of Co	rporations		
<i>ER</i> Robert ⊈ S	7 e. Snyder PLLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robert Eric Snyder		
	_	Name of Person	
	Robert Eric Snyder PLLc		
		Firm/Company	
	3476 Longmeadow		
	··	Address	<u> </u>
	Sarasota, Fl. 34235.		
		City/State and Zip Code	
	sell@sarasota34236.com	to be used for future annual report notil	ication
For further information of	concerning this matter, please ca		real (M)
Robert Eric Snyder		941 706-5835	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 ARTICLES OF ORGANIZATION **OF**

ROBERT ERIC SNYDER PLLC			
(Name of the Lim	ited Liability Company as (A Florida Limited Liabili	it now appears on our records.) y Company)	
The Articles of Organization for this Limited I Florida document number L11000112444	Liability Company were	filed on 10/03/2011	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability o	company here:	
he new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC" or	the abbreviation "L.L,C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		
3. If amending the registered agent and registered agent and/or the new registered of		address on our records, <u>c</u>	nter the mame of the r
	Robert Eric Snyder		
Name of New Registered Agent:	- Koost The Shyder		- <u> </u>
New Registered Office Address:	3476 Longmeadow		
		Enter Florida street address	95. 7
	Sarasota	, Floric	la 34235
	(lity .	- 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.

If Changing Registered Agent, Signature of Now Registered Agent

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 = M $AMBR = A$	lanager authorized Member		
Title	<u>Name</u>	Address	Type of Action
President	Robert Eric Snyder	3476 Longmeadow ,Sarasota,Fl.342.3 5	= Add
		4565 Willow Wood Circle SARAS AS FL	. 347 4/1 ■ Remove
			Change
			□ Add
			□ Remove
		444	☐ Change
			D Add
			□ Remove
			Change
			Add
			Remove
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	超达 声
	
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and the second of the second	
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days	optional) after filing.) Pursuant to 6
e: If the date inserted in this block does not meet the applicable statutory filing requirements iment's effective date on the Department of State's records.	this date will not be I
ecord specifies a delayed effective date, but not an effective time, at 12:	01 am on the ear
ne 90th day after the record is filed.	or a.m. on the cal
ed 07/05/20/7	
() $()$ $()$ $()$ $()$ $()$ $()$ $()$	
Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00