

L11000119999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

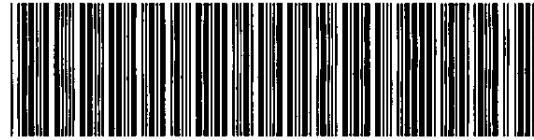
(Business Entity Name)

(Document Number)

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16 OCT -3 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 06 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2016

DR. SANTARVIS N. BROWN
17531 NORTHWEST 47TH AVE
MIAMI GARDENS, FL 33055

SUBJECT: SNB AND ASSOCIATES LLC
Ref. Number: L11000119999

We have received your document for SNB AND ASSOCIATES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name you've chosen is unavailable. Please adopt alternate name.

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 716A00020313

2017 OCT -3 PM 4:36
TALLAHASSEE, FL
FILED
16 OCT -3 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SNB & Associates 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:

DR. SANTARVIS N. BROWN

Name of Person

SNB & ASSOCIATES LLC

Firm/Company

17531 NORTHWEST 47TH AVENUE

Address

MIAMI GARDENS, FL 33055

City/State and Zip Code

DRSANTARVISBROWN@AOL.COM

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

For further information concerning this matter, please call:

DR. SANTARVIS N. BROWN

305

924-3331

at ()

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

FILED
16 OCT -3 PM 1:05
TALLAHASSEE
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SNB & ASSOCIATES LLC

(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 _____ and assigned
Florida document number 111000119999.

This amendment is submitted to amend the following:

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

SNB INNOVATIONS LLC

The new name must be distinguishable and contain 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

City

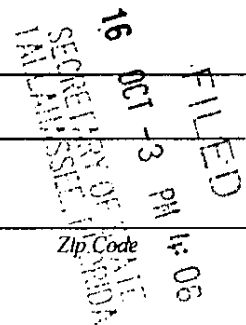
Florida

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 New 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

9/18/16

Signature of a member or authorized representative of a member

DR. SANTARVIS N. BROWN

Typed or printed name of signee

FILED
OCT - 3
OCT 4 06
46
SECRET
STATE
CALIFORNIA
INLAND
(g.) Pursuant to 6020207 (2)
we will not be listed as th