Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H13000161260 3)))



H130001612603ABCU

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GFB TAX SERVICE LLC

Account Number: 120120000047

Phone : (754)246-6160

Fax Number

: (954)510-2072

\*\*Enter the email address for this business entity to be used for Tuture annual report mailings. Enter only one email address please. \*\*

Email Address: gastonbelen@gfbtaxservice.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SNAPPER CREEK 1, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

07/18/2013 12:59 TO:18506176383 FROM:9545102072

1

Page: 3

## **COVER LETTER**

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TO:	Registration S Division of Co	Section orporations				
SUBJI	· RCT:	SNAPPEI	R CREEK 1, LLC			
		Name of Lim	ited Liability Company			
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	condence concerning this matter	to the following:		13 JUL 19 PH 1:41	
			GASTON BELEN		9	
			Name of Person			
GF			B TAX SERVICE LLC			
			Firm/Company		· · · · · · · · · · · · · · · · · · ·	
		Firm/Company  5210 SW 201st TERRACE  Address				
			Address			
		SOUTH'	WEST RANCHES, FL 3	3332		
			City/State and Zip Code			
		GASTONBE E-mail address: (	LEN@GFBTAXSERVIC	DE.COM notification)		
For fur	ther information	concerning this matter, please of	call:			
	GA	STON BELEN	at ( 754 )	246-6160		
	Name	of Person	at ( <b>754</b> _) Area Code & Da	ytime Telephone Number		
Enclos	ed is a check for	the following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	osed) Certified	e of Status &	

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

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S	<u> </u>				
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appear Liability Company)	s on our records.)	= = .	
The Articles of Organization for this Limited 1	Liability Company	were filed on	10/03/2012	and assigned	
Florida document number L1200012				and assigned	
This amendment is submitted to amend the following	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company her	e:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	ny," the designation "l	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		6303 BLUE L	AGOON DRIVE		
(Principal office address MUST BE A STREET ADDRESS)		SUITE 400			
		MIAMI, FL 33126			
nter new mailing address, if applicable:		6303 BLUE LAGOON DRIVE			
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 400			
		MIAMI, FL 33126			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	office address her		ur records, <u>enter</u>	the name of the ne	
New Registered Office Address:	6303 BLUE				
	Enter Florida street address				
		MIAMI	, Florida	33126	
	<del></del>	City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accent the annaintment as register	and against and again	easte antim this ac	manitu I fuuthau aa	nos to somulu with	

ecept 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Agnature of New Registered Agent

MGR = Manager

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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:

MGRM = Managing Member Title Name Address Type of Action **MGRM** Sued, Teresa M 500 Bay View Dr. ☐ Add **SUITE 1026** Remove SUNNY ISLES BEACH, FL 33160 WESTIX INVESTORS CORP MGRM WICKHAMS CAY P.O. BOX 662 Add Remove ROAD TOWN TORTOLA, BI.00000,00 ☐ Add ☐ Remove ಡ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JULY 18** 2013 Dated\_ Signature of a member or authorized re of a member GASTON BELE

Page 2 of 2

Typed or printed name of signe

Filing Fee: \$25.00