## L14 0000 39802

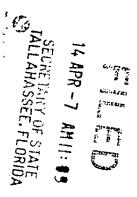
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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: SNAP	TO LIVE, LL	C.	
SOBJECT:		ted Liability Company	
The enclosed Articles of Ar	mundment and fee(s) are sub-	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	•
	OMAR ORTI	EGA, ESQ.	
	vä kirjänniki i gyjäpe vääytäjärivenin min vuonnase riigiaane periori asa	Name of Person	enterente tal, and sub-membrane and a reasonable
	DORTA & O	RTEGA, P.A.	
		Firm/Company	,, ,, ,, ,, , , , , , , , , , , , , ,
	3860 SW 8 S	STREET, PH	
		Address	<u> </u>
	CORAL GAE	BLES, FL 33134	
		City/State and Zip Code	
	F-mail address: (to	be used for future annual report notifica	tun)
For further information con	corning this matter, please cal	N;	
OMAR ORT	EGA	305 <sub>,</sub> 461-54	54
Name of P	erson		elephone Number
Enclosed is a check for the	folkswing amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is exclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy

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

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNAP TO LIVE, LLG.			
(Name of the Umited Liability Company (A Florida Limited Liab	us it now amears on our records.)  oility Company)	Marie Control of the	
The Articles of Organization for this Limited Liability Company wo Florida document number <u>L14000039802</u> .	ere filed on MARCH 10, 2014	and assign	ned
This amendment is submitted to amend the following:			
A. If smending name, enter the new name of the limited liabilit	y company here:		
SNAP 2 LIVE, LLC.			
The new name must be distinguishable and end with the words "Limited Liability	y Company," the designation "LLC" or th	e abbreviation "L.L.	.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<del>pl-Midselli ytytytytet</del>
-			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Mil 1. sen det militari pipa maggapap prilitari nyakempakempakan maga maga Habilan dalah dalah dalah dalah dalah		
•			
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, <u>ent</u>	14 A SECH ALLA	the new
Name of New Registered Agent:		- <del>SEE - 32</del>	<u> </u>
New Registered Office Address:	Enter Florida street address	SEE D	firetary fi
		FLO FLO	
	, Florida _	Sir Cyle	Stant S.
New Registered Agent's Signature, if changing Registered Agent:		<b>&gt;</b> (•	

I hereby accept the appointment as registered agent and agree to uct 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title **Name** Address Type of Action \_\_\_\_\_ C Remove \_\_\_\_\_ D Add \_\_\_\_\_ C Remove \_\_\_\_\_ Add \_\_ 🗆 Remove \_\_ 🗆 Add \_\_\_\_\_ Remove \_D Add ☐ Remove \_D Add \_\_\_\_ □ Remove

D.	if amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
Е.	Affective date, if other than the date of filing:		
	the date this document is filed by the Florida Department of State)		
	5 ,/		
	Signatur of a member or authorize representative of a member  ERNESTO ARGUELLO		
	Types to printed name of signee		

Page 3 of 3

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14 APR -7 AMII: 99
SECRETARY OF STATE
TALLAHASSEE, FLORIO