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The College

COVER LETTER

	tion Section of Corporations	•	•
SOU SUBJECT:	THERN REALTY PARTNERS, LL	c. ·	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are sub	omitted for filing.	
Please return all co	orrespondence concerning this matter	to the following:	
	BARB MCBRIDE		
		Name of Person	
	SOUTHBEACH TAX & I	FINANCIAL SERVICES	
		Firm/Company	
	1692 PENMAN ROAD		
		Address	
	JACKSONVILLE BEACE	-I, FL 32250	
		City/State and Zip Code	
	CHRIS@FLORIDACOAS	FALTEAM.COM to be used for future annual report notifi	
For further inform	ation concerning this matter, please c	•	cation)
BARB MCBRIDE		904 241-2533 at ()	
ŗ	Name of Person	Area Code Daytime	Telephone Number
Enclosed is a checl	k for the following amount:		
■ \$25,00 Filing	Fee ☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Bo	tion Section of Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Inblilty Company as it nov Florida Limited Liability Cor	vannears on our records;) npony)	
The Articles of Organization for this Limited Liabi	lity Company were filed	on APRIL 4, 2014 and	assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability comp	any here:	
CHRISTOPHER T. SNOW, LLC.			
he new name must be distinguishable and contain the word	s "Limited Liability Compan	y," the designation "LLC" or the abbreviatio	n "L.L.C."
Enter new principal offices address, if applicabl	e: N/A		
Principal office address MUST BE A STREET A			7077
		. "	л Л
Enter new mailing address, if applicable:	N/A	٠	· :
Mailing address MAY BE A POST OFFICE BO	 X)		
3. If amending the registered agent and/or regingent and/or the new registered office address h	stered office address or ere:	our records, <u>enter the name of the</u>	new regi
Name of New Registered Agent:	N/A		
New Registered Office Address:			
	E	nter Florida street address	
_		, Florida	
	City	Zip C	ode

New Registered Agent's Signature, if changing Registered Agent:

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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 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

Title	<u>Name</u>	Address	Type of Action
	N/A	• • • • • • • • • • • • • • • • • • • •	
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be pate: If the date inserted in this block does not meet the apcument's effective date on the Department of State's recomments.	oblicable i	te of filing or	more than 90 o	_ (option lays after fi ents, this c	than A Thin	suant to not be	605.020 listed a
ecord specifies a delayed effective date, but not an effectivis filed.	ve time, a	at 12:01 a.m	. on the earli	er of: (b)	The 90	th day a	fter the
ted AUGUST 1 , 2022							
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