

U4000119787

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(Document Number)

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EFFECTIVE DATE

10/2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 02 2015

S. YOUNG

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Florida Keys Snoballs 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:

JOHN MEYER
Name of Person
Florida Keys Snoballs LLC
Firm/Company
P.O. Box 500566
Address
Marathon FL 33050
City/State and Zip Code
Surfracer22@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN MEYER at (305) 916-1510
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

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

Florida Keys Snoballs 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 07-30-2014 and assigned Florida document number L14000119787.

This amendment is submitted to amend the following:

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

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:

Rebekah Hill

New Registered Office Address:

2244 Overseas Highway

Enter Florida street address

Marathon

City

Florida

33050

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.

Rebekah Hill

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>
MGR	Barbara Meyer	349A 27 th Street	<input type="checkbox"/> Add
		Marathon FL 33050	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	John Meyer	349A 27 th Street	<input type="checkbox"/> Add
		Marathon FL 33050	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rebekah Hill	P.O. Box 510225	<input checked="" type="checkbox"/> Add
		Key Colony Beach	<input checked="" type="checkbox"/> Remove
		FL 33051	<input type="checkbox"/> Change
AMBR	Daniel Hill	P.O. Box 510225	<input checked="" type="checkbox"/> Add
		Key Colony Beach	<input checked="" type="checkbox"/> Remove
		FL 33051	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA
TALLAHASSEE

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: 10-2-2015 (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 603.0207-(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 9-25, 2015

Signature of a member or authorized representative of a member

John Meyer

Typed or printed name of signee