L16000102403

(Re	questor's Name)	
L. A.\	deans)	
(Ad	dress) -	
<u> </u>	dress)	
(Au	uless)	
(Cit	y/State/Zip/Phon	e #)
•	,	,
		
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificate	s of Status
Certified Copies	_ Certificate:	s or otalus
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Special Instructions to	Filing Officer:	
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AUG 19 2016

Salter • Feiber

ALTORNETS AT LAW

3940 NW 16th Boulevard, Bldg. B Gainesville, Florida 32605

P.O. Box 357399 Gainesville, Florida 32635

T: 352.376.8201 F: 352.376.7996

www.salterlaw.net

JOHN C. BOVAY
Board Certified in Wills, Trusts & Estates
Law & Tax Law
jackb@salterlaw.net

August 16, 2016

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Amendment to the Articles of Organization of Schnebly Management,

LLC

Dear Sir or Madam:

Enclosed please find the Articles of Amendment to the Articles of Organization of the above mentioned entity, along with our firm check in the amount of \$25.00 for the filing fees. Once filed, please forward the documents to our office.

Sincerety,

John C. Bovay

JCB:mh

cc: John Schnebly

COVER LETTER

TO: Reg	gistration Sec vision of Corp	ction porations		
CUP TECT.		anagement, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		John C. Bovay		
			Name of Person	
		Salter Fiber, P.A.		
			Firm/Company	
		3940 N.W. 16th Blvd., Blo	lg. B	
			Address	
		Gainesville, FL 32605		
			City/State and Zip Code	
		jschnebly1@aol.com		
		E-mail address: (to be used for future annual report notif	ication)
For further in	formation co	ncerning this matter, please ca	all:	
John C. Bov	ay		352 376-8201 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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

Schnebly Management, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our	records.)
(A Frond Diffico D	domy company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/16/201	and assigned
Florida document number L16000102403		
riorida document number		
This amendment is submitted to amend the following:		
•		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	n "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 off	ice address on our r	ecords, enter the name of the new
registered agent and/or the new registered office address here		<u> </u>
N. CN. D. L. LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida
	City	, Florida Zip Code
New Desistened Assetts Circulture if shoughest Desistened Agents		•
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre		
provisions of all statutes relative to the proper and complete p		
accept the obligations of my position as registered agent as pr		
being filed to merely reflect a change in the registered office of	address, I nereby confi	223
company has been notified in writing of this change.		
		72 - T
If Chang	ging Registered Agent, <u>Sigr</u>	nature of New Registered Agent
		도둑 m 🛄

Page 1 of 3

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>	Name	Address	Type of Action
AMBR Charles I	Charles D. Schnebly	125 N. Ridgewood Avenue	Add
		Daytona Beach, Florida 32114	Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			☐ Remove
		Change	
			□ Add
			☐ Remove
			Change
			□ Add
			Remove
			G Change
			OF S ATE ORIDA Remove
			B Remove
		<i>,</i> =,	□ Change

, ,			
D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)	
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<u>Note</u>	ctive date, if other than the date of filing:	filing.) Pursuant to 60:	5.0207 (3)(ted as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a e 90th day after the record is filed.	a.m. on the earli	er of:
Dated	d August 8 2016 Signature of a member or authorized representative of a member	ZOS SOS INC.	county parts
	John Schnebly, Sr.	79 0	
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00