

47000009170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

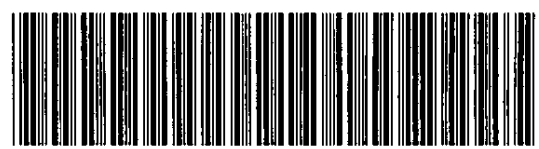
(Document Number)

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05/08/17--01025--006 **25.00

MAY 26 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY - 8 PM 2:43



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2017

RAMA KANNAN
SNRK, LLC
742 BAYSIDE DRIVE UNIT 505
CAPE CANAVERAL, FL 32920

SUBJECT: SNRK, LLC
Ref. Number: L17000009170

2017 MAY 25 PM 4:28
TALLAHASSEE, FLORIDA

We have received your document for SNRK, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 717A00009177

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY -8 PM 2:43

NOTE: PLEASE SEE THE ATTACHED DOCUMENT
PROPERLY SIGNED.

THANKS,

R. Kannan

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SNRK, 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:

RAMA KANNAN
Name of Person

SNRK, LLC
Firm/Company

742, BAYSIDE DRIVE, UNIT 505
Address

CAPE CANAVERAL, FL-32920
City/State and Zip Code

ramakannan@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAMA KANNAN at (321) 213-3381
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY -8 PM 2:43

ARTICLES OF ORGANIZATION
TO
ARTICLES OF ORGANIZATION
OF

SNRK, 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 Jan 13, 2017 and assigned
Florida document number L17000009170.

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
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MANAGER	RAMA KANNAN		
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		742, BAYSIDE DRIVE, UNIT 505	<input checked="" type="checkbox"/> Add
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		CAPE CANAVERAL, FL-32920	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
--	--	--	---------------------------------

AMBR	KANNAN RENJARAJAN		
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		742, BAYSIDE DRIVE, UNIT 505	<input checked="" type="checkbox"/> Add
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		CAPE CANAVERAL, FL-32920	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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FILED
STATE
TALLAHASSEE, FLORIDA
MAY 8 PM 2:43

Dr. H. W. HARRINGTON and OTHERS, PETITIONERS, versus THE UNITED STATES OF AMERICA, DEFENDANT.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY -8 PM 2:54

E. Effective date, if other than the date of filing: _____ (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 605.0207 (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.

(b) The 90th day after the record is filed.

Dated May 23 2017

R. Kanna
representative of a member

Signature of a member or authorized representative of a member

KANNAN RENGARAJAN

Typed or printed name of signee