

L17000054743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

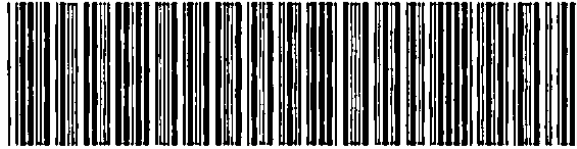
(Business Entity Name)

(Document Number)

ed Copies _____ Certificates of Status _____

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2022 NOV 4 11 9:04

A. RIVERS

JAN 25 2023

FILED
2022 NOV 4 11 9:04

Registration Section
Division of Corporations

SNSP SERVICES LLC

Name of Limited Liability Company

Articles of Amendment and fee(s) are submitted for filing.

Return all correspondence concerning this matter to the following:

SARA SILVA

Name of Person

Firm/Company

3045 TOSCANA LN W #212

Address

MARGATE/ FLORIDA 33063

City/State and Zip Code

SNSPSERVICESLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For information concerning this matter, please call:

SILVA 754 2677933
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$10.00 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
OF
OF

SNSP SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

es of Organization for this Limited Liability Company were filed on 03/09/2017 and assigned
document number 1:17000054743.

Amendment is submitted to amend the following:

ending name, enter the new name of the limited liability company here:

me must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Principal offices address, if applicable:

160 W CAMINO REAL #1078 BOCA RATON FL 33432

(office address MUST BE A STREET ADDRESS)

new mailing address, if applicable:

160 W CAMINO REAL #1078 BOCA RATON FL 33432

address MAY BE A POST OFFICE BOX)

ending 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

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is intended 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

d from our records:

Manager
Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
JUAN PABLO LUZZO	160 W CAMINO REAL #1078 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
SARA SILVA		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
	160 W CAMINO REAL #1078 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
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		<input type="checkbox"/> Change

Adding any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: _____ (optional)

If the 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) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

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 filing date.

11/02/2022

Signature of member or authorized representative of a member

Sara W Silva Pezatto

Typed or printed name of signee