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MAIL		
(Business Entity Name)		
(Document Number)		
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DIVISION OF CORPORATIONS

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COVER LETTER

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SUBJECT	SNAP VIL	AS LLC		
30hjr.C1		Name of Lim	ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retur	m all correspo	ndence concerning this matter	to the following:	
		MOANA SCHIAVO		
			Name of Person	
Firm/Company				
	7901 KINGSPOINTE PKWY #10			
	Address			
	ORLANDO, FL 32819			
	City/State and Zip Code			 -
	MOANA@SNAPVILLAS.COM E-mail address: (to be used for future annual report notification)			cation)
For further	information co	oncerning this matter, please ca		
MOANA S	CHIACO		321 299-5880	
Name of Person				Telephone Number
Enclosed is	a check for th	e 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

SNAP VILLAS LLC

(х гаяная і	Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Co.	ompany were filed on 09/07/2017	and ass	and assigned	
Florida document number L17000189949	_•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" of	or the abbreviation "L.	L.C."	
Enter new principal offices address, if applicable:			9	
(Principal office address MUST BE A STREET ADDRE	ESS)		<u>~</u>	
			差差	
		ပ်	- 17# - 2#	
Enter new mailing address, if applicable:		2	-3:≅ -	
(Mailing address MAY BE A POST OFFICE BOX)		çç	14	
		- 	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		enter the name	of the	
New Registered Office Address:	Enter Florida street address			
New Registered Office Address:	isher r arran sireer dadress			
New Registered Office Address:		ida		
New Registered Office Address:		ida Zip Code		

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PREMIER CAPITAL REALTY	7901 KINGSPOINTE PKWY 10	
		ORLANDO, FL 32819	Remove
			Change
MGR	JH333 FINANCIAL HOLDING LI	3411 SILVERSIDE RD #104	\ \equiv Add
		WILMINGTON, DE 19810	☐ Remove
			☐ Change
			Add
			□ Remove
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	06/26/2019	
Effective date, if other than	the date of filing:	(optional)
Note: If the date inserted in thi	must be specific and cannot be prior to date of filing o s block does not meet the applicable statutory fi	
document's effective date on th	e Department of State's records.	
the record specifies a dela The 90th day after the	yed effective date, but not an effective record is filed	e time, at 12:01 a.m. on the earlie
The social day area area	ccord is med.	
JUNE 26 Dated	2018	
Dated		
~	Jana July	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

Detail by Entity Name

Florida Limited Liability Company

SNAP VILLAS LLC

Eiling Information

Document Number

L17000189949

FEI/EIN Number

82-2711690

Date Filed

09/07/2017

Effective Date

09/07/2017

State

FL

Status

ACTIVE

Principal Address

7901 Kingspointe PKWY

suite 10

Orlando, FL 32819

Changed: 04/27/2018

Mailing Address

7901 KINGSPOINTE PKWY

10

ORLANDO, FL 32819

Registered Agent Name & Address

SCHIAVO, MOANA

7901 KINGSGPOINTE PKWY

10

ORLANDO, FL 32819

Authorized Person(s) Detail

Name & Address_

Title MGR

PREMIER CAPITAL REALTY LLC 7901 KINGSPOINTE PKWY SUITE 10

ORLANDO, FL 32819

Annual Reports

Report Year

Filed Date

2018

04/27/2018

Document Images

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JH333 FINANCIAL HOLDING LLC 3411 SILVERSIDE ROAD STE 104 WILMINGTON, DE 19810



Annual Reports

Report Year	Filed Date
2016	04/18/2016
2017	03/13/2017
2018	04/27/2018

Document Images

04/27/2018 ANNUAL REPORT	View image in PDF format
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