11000189949

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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18 SEP 27 AH 12: 55

SEPREMENT FLORID

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COVER LETTER

Division of Co	rporations		
SNAP VII.	LASTLC		
SUBJECT:	Name of Lin	nited Liability Company	
The analogod Artistus of	Amondment and frote) are sub-		
MAILING ADDRESS: Registration Section Division of Corporations (additional copy is enclosed) Certified Copy tadditional copy is enclosed STREET/COURIER ADDRESS: Registration Section Division of Corporations Certified Copy tadditional copy is enclosed STREET/COURIER ADDRESS: Registration Section Division of Corporations			
Please return all correspo	ondence concerning this matter	to the following:	
	MOANA SCHIAVO		
		Name of Person	
		Firm/Company	
	7901 KINGSPOINTE PK	WY # 10	
	ORLANDO, FL 32819	Address	
		COM	
			fication)
For further information of	_		
MOANA SCHIAVO		321 299-5880 at ()	
Name c	d Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
Registr	ration Section	Registration Section	on
P.Ö. B		Clifton Building 2661 Executive Ce	

Tallahassee, FL 32301

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TO:

Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 SEP 27 AM 1: 80

TALLAMASSICATIONIDA

SNAP VILLAS 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 Co	mpany were filed on $\frac{09/07}{1}$	7/2017	and assigned
Florida document number L17000189949			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company hero	<u>:</u>	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the desi	ignation "LEC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE		- <u>-</u>	-
			_
Enter new mailing address, if applicable:	<u> </u>		·
(Mailing address MAY BE A POST OFFICE BOX)			<u>_</u>
			
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		our records, <u>enter</u>	the name of the new
New Registered Office Address:			
	Enter Floride	a street address	
	<u>_</u>	, Florida	
Name Don't all the state of the	·		Zip Code
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of m ont as provided for in Ch	y duties, and I am fo apter 605, F.S. Or, i	miliar with and if this document is
	If Changing Registered Agen	t, Signature of New Reg	istered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RODRIGO SCHIAVO	7901 KINGSPOINTE PKWY #10	
		ORLANDO, FL 32819	☐ Remove
			Change
			Add
			□ Remove
			Change St. 71
			Change SEP 27 P. 1:00
			□ Remove
			Change
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			🗆 Remove
			☐ Change

Effective date, if other than the date of filing: (09/24/2018 (optional) (in ordicite date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (More; if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it document's effective date on the Department of State's records. The effective date additional and the department of state is records. The 90th day after the record is filed. Dated SEPTEMBER 24 2018 Vignature of a membey for authorized representative of a member					-			
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Page 3 of 3

Filing Fee: \$25.00