1180000 94821

(Requestor's Name)
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May 18, 2018

SHELDON SNAPE 4626 NW 44TH CT TAMARAC, FL 33319

SUBJECT: REALIFEESTATE LLC Ref. Number: L18000094821

We have received your document for REALIFEESTATE LLC and your check(s) totaling \$55.00. 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 the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 018A00010480

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COVER LETTER

TO:					
orin era		STATE LLC			
SORJEC	J1:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
The enclosed Articles of Amendment and fee(s) are s Please return all correspondence concerning this matt SHELDON SNAPE REALIFEESTATE LLC 4626 NW 44TH COURT TAMARAC, FL 33319 SHELDONSNAPE45@C					
		•	Name of Person		
The enclosed for furth		REALIFEESTATE LLC			
			Firm/Company		
		4626 NW 44TH COURT			
		· · ·	Address	***************************************	
		TAMARAC, FL 33319			
			City/State and Zip Code		
		SHELDONSNAPE45@GMAIL.COM			
		E-mail address: (to be used for future annual report not	fication)	
For furth	er information c	oncerning this matter, please ca	all:		
SHELD	ON SNAPE		954 5881557 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed	is a check for th	ne following amount:			
□ \$ 25.	00 Filing Fee		■ \$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:

TO:

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

- r	
NOAT INCOME TATE III	
REALIFEESTATE LLC	
	ited Liability Company as it now appears on our r
(Name of the Lim	Hey I Tabilità Combana as it ison abboning

(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our reco lability Company)	ords.)		
The Articles of Organization for this Limited Liability Company	were filed on 4/16/2018	and assigned		
the Articles of Organization for this Elithica Eliability Company				
Florida document number L18000094821				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The same of the sa		I C' or the ehbroviation "L.L.C."		
GARRICK-SNAPE DEVELOPMENT GROUP EEC-	lity Company," the designation	of the above material		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		7. 86		
		900.30		
Enter new mailing address, if applicable:		56> =		
Mailing address MAY BE A POST OFFICE BOX)				
Widning timeress in . = ===		<u> </u>		
	effer address on our rec	ords enter the name of the ne		
B. If amending the registered agent and/or registered of	DINCE MINIESS ON OUR LOCA			
registered agent and/or the new registered office address he	<u>1 C</u> .	,		
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 Agen	<u>ıt:</u>			
I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi	gree to act in this capacity te performance of my dution to provided for in Chapter	605, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	Name Address Type of	Add	
			Remove
			☐ Change
			Add
			Remove
			Change
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			Remove
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			☐ Remove
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			Remove
			☐ Change
			□ Remove
			□ Change

amending any other information, enter cha	ange(s) here: (Attach addit	ional sheets, if necessary.)		
amending any other information, enter-	•			
		. ————————————————————————————————————		
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E. Effective date, if other than the date of (If an effective date is listed, the date must be specified. Note: If the date inserted in this block does document's effective date on the Department.	nt of State 3 is-			
document 8 effective 5			.m. on the ea	rlier o
a dalayed effec	tive date, but not an eff	ective time, at 12.01 a		
If the record specifies a delayed effect (b) The 90th day after the record is	filed.			
	2018			
Dated				
		· ————————		
	ture of a member or authorized re	presentative of a member		
Signat	inic of a therinos.			
SHELDON SNAPE	Typed or printed name			

Page 3 of 3

Filing Fee: \$25.00