## LIECOUS 167

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



000313349720

05/18/18--01014--003 \*\*25.00



## **COVER LETTER**

|             | egistration Se<br>ivision of Cor |  |   |                               |   |   |
|-------------|----------------------------------|--|---|-------------------------------|---|---|
| cup ir cr   |                                  | HAROLD LLC                                   |   |                               |   |   |
| SUBJECT     | ·                                | Name of Lim                                  | nited Liability Company   |                               |   |   |
|             |                                  | Amendment and fee(s) are sub                 | -   |                               |   |   |
|             |                                  | benjamin burke                               |   |                               |   |   |
|             |                                  |  | Name of Person  |                               |   |   |
|             |                                  | snappy tax                                   |   |                               | 26                                      |   |
|             |                                  |  | Firm/Company  | ·                             | 2918 F                                  | 1 |
|             |                                  | 209 ne 36 ave                                |   |                               | . : : : : : : : : : : : : : : : : : : : |   |
|             |                                  |  | Address   |                               | G                                       | Į |
|             |                                  | ocala, fl 34470                              |   |                               | <del></del>                             | j |
|             |                                  | ben@snappytax.com                            | City/State and Zip Code   |                               | γ2<br><b>ω</b>                          |   |
|             |                                  | - · · · ·                                    | (to be used for future annual r                                     | eport notification)           |   |   |
| For further | information co                   | oncerning this matter, please c              | all:  |                               |   |   |
| benjamin b  | ourke                            |  | 352 533   | -4250                         |   |   |
|             | Name of                          | Person                                       | Area Code   | Daytime 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) | Certificat<br>osed) Certified | e of Status &                           |   |

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

| npany as it now appears on our<br>ed Liability Company) | records.)   |
|---|---|
| any were filed on 04/26/201                             | 8 and assigned  |
|   |   |
|   |   |
| iability company here:                                  |   |
| ability Company," the designation                       | on "LLC" or the abbreviation "L.L.C."   |
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|   | records, enter the name of the  |
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| Enter Florida stree                                     | et address  |
|   | ri II   |
| City  | , Florida<br>Zip Code   |
|   | iability company here:  ability Company," the designation  office address on our interest |

## 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

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>    | Address         | Type of Action    |
|--------------|----------------|-----------------|-------------------|
| mgr          | SNAPPY TAX LLC | 209 ne 36 ave   |                   |
|              |                | ocala, fl 34470 | € Remove          |
|              |                |                 | ☐ Change          |
|              |                | <del></del>     | Add               |
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| Effective date, if other than                           | the date of filing:   | (opt  | ional)                               |                                    |
| Note: If the date inserted in the                       | the date of filing: e must be specific and cannot be prior to d is block does not meet the applicable he Department of State's records. | ate of filing or more than 90 days after statutory filing requirements, the | r filing.) Pursua<br>is date will no | ant to 605,0207<br>of be listed as |
| the record specifies a dela<br>) The 90th day after the | ayed effective date, but not a record is filed.   | n effective time, at 12:01  | a.m. on the                          | e earlier of                       |
| Dated May 15  | 2018  |   |                                      |                                    |
|   | Signature of a member or authorize  |   |                                      |                                    |
| 11 7  | _ //  | d representative of a member  |                                      |                                    |

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Typed or printed name of signee

Filing Fee: \$25.00