

LI8000155118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

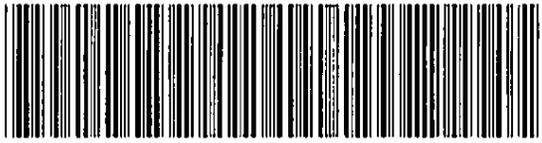
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cains Snowballs LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Tania Gomez
Name of Person

Cains Snowballs
Firm/Company

590 Ave C SE
Address

Winter Haven FL 33880
City/State and Zip Code

taniagomez203@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tania Gomez at (863) 661-4136
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cans Snowballs 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 Company were filed on 6/25/2018 and assigned Florida document number L18000155118.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

590 Ave C SE
Winter Haven FL 33880

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

590 Ave C SE
Winter Haven FL 33880

B. If amending 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:

Tania Gomez

New Registered Office Address:

590 Ave C SE
Enter Florida street address

Winter Haven, **Florida** 33880
City Zip Code

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TAMPA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Ronald Cain	560 N Rochelle Dr	<input type="checkbox"/> Add
		Lake Alfred FL 33850	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dean E Freeman	560 N Rochelle Dr	<input type="checkbox"/> Add
		Lake Alfred FL 33850	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tania Gomez	590 Ave C SE	<input checked="" type="checkbox"/> Add
		Winter Haven FL 33880	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Aaron Levinson	590 Ave C SE	<input checked="" type="checkbox"/> Add
		Winter Haven FL 33880	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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DEPARTMENT OF STATE
TALLAHASSEE, FL

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated November 15, 2023.

Signature of a member or authorized representative of a member

Tania Gomez

Typed or printed name of signee

I Tania Gomez accept the appointment as the new registered agent of Cains Snowballs LLC. I am familiar with and accept the obligations of the position.

Tania Gomez

A handwritten signature in black ink, appearing to read 'Tania Gomez', written in a cursive style.