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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: Snowbird Home Services 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:
Lauren Rucco
Showbird Home Services LLC Firm/Company
8054 Rose Marie Circle
Bynton Deach, FL 33472. City/State and Zip Code
E-mail address: (to be used for future annual apport notification)
For further information concerning this matter, please call:
Name of Person at (203) 832-8803 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Snowbird Home	Services LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lir	lompany as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L18000243244</u> .	npany were filed on 10/32/2017	and assigned
(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		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
		: p3
• • •	(S)	1
		1 1 1
Enter new mailing address, if applicable:		گهیان <u>لب</u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	ed office address on our records, <u>er</u>	iter the name of the new
registered agent and/or the new registered office address	s here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid:	
	Florida City	Zip Code

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 Title Address **Type of Action** <u>Name</u> Julie Penhollow 14266 Altocedro Orive Delray Brach, FL ☐ Change ☐ Add .□ Remove _ ☐ Change • in بــِـ _∏_Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

If amending any other information, enter change(s) here: (Attach additional sheets,	y necessary.)	
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.		
ne record specifies a delayed effective date, but not an effective time, at 12. The 90th day after the record is filed.	:01 a.m. on the ea	rlier of
Dated November 27 . 2018.		
Dated November 27 . 2018 Signature of a member or authorized representative of a member July Penhallow Typed or printed name of signee		
Julie Penhollow		

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Filing Fee: \$25.00