

L19000166929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

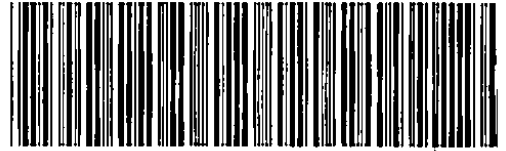
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FL

OCT 26 PM 2:00

OCT 14 2019

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SnapBrush 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:

Alexandra Medina

Name of Person

SnapBrush LLC

Firm/Company

7901 4TH ST N STE 4000

Address

ST. PETERSBURG, FL 33702

City/State and Zip Code

Snapbizmail@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandra Medina

407

802-7419

at ( )

Name of Person

Area Code

Daytime Telephone Number

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/COURIER ADDRESS:

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

**TO  
ARTICLES OF ORGANIZATION  
OF**

SnapBrush 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 June 25, 2019 an  
Florida document number 119000166929.

This amendment is submitted to amend the following:

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

Snapbiz LLC

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the new  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

City

Zip Co.

**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 all 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

or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Ty</u>
MGR	Alexandra Medina	7901 4TH ST N STE 4000	<input type="checkbox"/>
		ST. PETERSBURG, FL 33702	<input type="checkbox"/>
			<input checked="" type="checkbox"/>
AMBR	Hector Medina	7901 4TH ST N STE 4000	<input checked="" type="checkbox"/>
		ST. PETERSBURG, FL 33702	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/> I
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> R
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			<input type="checkbox"/> R
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			<input type="checkbox"/> R
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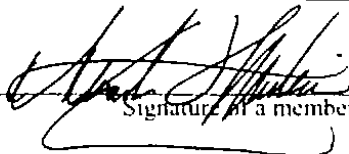
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 (b) The 90th day after the record is filed.

Dated September 24 2019



Signature of a member or authorized representative of a member

Alexandra Medina

Typed or printed name of signee