Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000259801 3)))



HODDOOSSEN13ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	Fax Number : (850)617-6383	. W1	· · · · · ·
From:			1010
	Account Name : RC TAX SERVICE LLC	•	
	Account Number : I20140000083 Phone : (407)932-0040		AUG.
	Phone : (407)932-0040 Fax Number : (407)520-5473	1 133	· L
	the email address for this business enti	to be used t	for future>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SNEKKER LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

1020 AUS - 4 AM 10

Electronic Filing Menu

Corporate Filing Menu

--Help: レーロ

CTT : DUA

COVER LETTER

TO: Registration Sec Division of Corp				
SNEKKER	LLC	•		
SUBJECT:	Name of Limit	ed Liability Company		
		•	·.	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ndence concerning this matter t	o the following:		•
			• •	
	LUIS DUQUE			
		Name of Person		
	snekker llc		•	
		Firm/Company ·		
	2323 MCCOY RD APT 71	0		
		Address		
	ORLANDO, FL 32809			
	INFO@RCTAXSERVICE.	City/State and Zip Code COM to be used for future annual report no	trication)	
For further information (e-mail address: (concerning this matter, please of		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
LUIS DUQUE		407 364-8920 at ()	·	
	of Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for t	he following amount:		· <u>-</u>	_
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
P.O. Box 63	Section Corporations 27	Street Address: Registration S Division of Co The Centre of	o rp orations Tallahassee	0
Tallabassee,	FL 32314	2415 N. Moni Tallahassee, F	roe Street, Suite 81 L 32303	·U

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNEKKER LLC (Name of the Limit	ed Liability Comp	any as it no	w appears or	ı our rec	ords.)		
(Name of the Limit	(A Florida Limited	Liability C	ompany)	go o	• •	·	
_{1,} :			05/04/	2020	garaga da	۔ ادور	ممنحمده
he Articles of Organization for this Limited Li	iability Compan	y were file	d on Osta	4020.		and a	ssigned
lorida document number L20000118981							
	. 6.2.						
his amendment is submitted to amend the follo	owing:	. ,	•			•	
. If amending name, enter the new name of	f.the.limited lia	bility con	pany here	: .	View 1		
· · · · · · · · · · · · · · · · · · ·	¥				:		
he navy pame must be dissinguishable and spring the w	vords 'Limited Lia	bility Comp	my," the desig	gnation "I	LC" or the a	abbreviation '	L.L.C."
; '				•			
Enter new principal offices address, if applic	able:	·	·				
Principal office address MUST BE A STREE	T ADDRESS)	·					 :-
							·
		. Paritie		::			}
				30.		1	
Enter new mailing address, if applicable:		• • •					:71
<u>Mailing address MAY BE A POST OFFICE</u>	BOX)					$\overline{}$	5
en e			 				
	• •					0	
B. If amending the registered agent and/or	registered offic	e address	on our rec	ords, <u>er</u>	ter the na	me of the	new reg
egent and/or the new registered office addre	ss here:					•	
	The State of State						٠.
Name of New Registered Agent:	LUIS ALFRI	EDO DUQ	OE AIAW2			<u> </u>	
2005 111	2323 MCCO	Y RD APT	710	·'	•	•	
New Registered Office Address:	<u> </u>	is 'Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Le: ADDRESS) istered office address on our records, enter the name of the new regis					
	OCTANTO			Life.		32809	
	OKTAMOO	Cin			, Florida <u>-</u>	Zip Co	de
		CIO	,			_, _,	

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

1

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>	Name	Address	:	Type of Action
MGR	LUIS ALFREDO DUQUE VIVAS	2323 MCCOY RD APT 71		□Add
		ORLANDO, FL 32809		□Remove
				□Add
·				□Remove
			***	Change
	·		:	Remove
				Change
				 □Add
			· · ·	DRemove
				🗆 Change
				□Add
	•	<u> </u>		□Remove
				□ Change
		·	· · · · · · · · · · · · · · · · · · ·	□ Add
				Remove
			·	Change

	ling any other informa	•							
_	· ·					<u> </u>			
		<u>.</u>		· · · · · · · · · · · · · · · · · · ·	<u>· </u>			·· <u>··</u>	: .
		· · · · · · · · · · · · · · · · · · ·		·);. ————			
		,			•		· ·		<u> </u>
		-				;			
	 .						•	, .	
	······································			· 		• • • •	.		
_					· ·		.		
		·					<u> </u>		<u> </u>
	· · · · · · · · · · · · · · · · · · ·	,				e gete ac			* * *
_		• ,•					····		
_			,	· ·	:	· · ·		<u> </u>	• •
		· · · · · · · · · · · · · · · · · · ·	<u>. </u>	<u>.</u>				·	
							· · · · · · · · · · · · · · · · · · ·		
	····			-					
							·		
_			<u> </u>			· ·	-		
		<u> </u>		<u> </u>					·
	•,						• .		
fectiv	e date, if other than the tive date is listed, the date mu	date of filing	<u></u>	r to data of fili	ng or more	then QO do	(optiona	l)	ant to 605.
ote: If	f the date inserted in this b	lock does not n	neet the appli	cable statutor	ry filing re	quireme	nts, this da	te will no	ot be liste
ocumer	nt's effective date on the D	epartment of S	itate's record	S .	•	. : .			
,		data dana mad	aa alkaasii	tions at 12:0	1 a mag and	ha aarlia	· rofe(fa) '	Մե ∌ Չ Ուե	day after
recora is file	specifies a delayed effectiv d.	e date, but not	an enecuve	time, at 12.0	i a.m. on	IIE CALIIC	· • · · ·		uny actor
	alulana	~				-			•
ated _	0/4/00		,						
		J	Λ (0	9,000	١			
		74-1.1	N/\	(IVMONIII	1 (4.7.14)				
		Signature of a	member or sur	honzed represe	entative of	a member			

Filing Fee: \$25.00