

120 000287328

(Requestor's Name)

(Address)

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22 JAN 29 PM 3:23

T. MATTHEWS

FEB 10 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

Snowbound Properties LLC

SUBJECT: _____
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:

Chris Policelli

Name of Person

Snowbound Properties LLC

Firm/Company

10577 Lyttleton Loop

Address

Lillian, AL 36549

City/State and Zip Code

chrispolicelli@icloud.com

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

For further information concerning this matter, please call:

Chris Policelli

850 530-3061

Name of Person

at ()

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 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**

Snowbound Properties LLC

22 JUL 2020 PM 3:23

(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 September 14, 2020 and assigned
Florida document number L20000287328.

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 "LLC" or the abbreviation "L.L.C."

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Thomas Dawson

New Registered Office Address:

230 SW Kings Bay Drive

Enter Florida street address

Crystal River

Florida 34429

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.

DocuSigned by

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	Tika Dawson		<input type="checkbox"/> Add
		2576 Sherwood Drive, Navarre, FL 32566	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tika Policelli	10577 Lyttleton Loop, Lillian, AL 36549	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

Filing Fee: \$25.00

Certificate Of Completion

Envelope Id: CEACAE6FA0F7409C82CBC0EDA2C7D2D8

Subject: Please DocuSign: Amendment to Articles(Snowbound Properties)(0122).pdf

Source Envelope:

Document Pages: 6

Signatures: 2

Certificate Pages: 5

Initials: 0

AutoNav: Enabled

EnvelopeId Stamping: Enabled

Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

Envelope Originator:

Chris Policelli

PO Box 1144

Gulf Shores, AL 36547

chris@Alabamaparadise.com

IP Address: 173.16.108.20

Record Tracking

Status: Original

1/23/2022 1:02:33 PM

Holder: Chris Policelli

chris@Alabamaparadise.com

Location: DocuSign

Signer Events

Chris Policelli

chris@alabamaparadise.com

Security Level: Email, Account Authentication
(None)**Signature**

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Signature Adoption: Pre-selected Style

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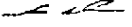
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Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Thomas Dawson

Twdawson230@gmail.com

Security Level: Email, Account Authentication
(None)

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 06A53D180E874DC

Signature Adoption: Drawn on Device

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Electronic Record and Signature Disclosure:
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 ID: 2366aa69-3777-4694-aad9-f1827b6b5e4f
In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp****Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

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