

L20000303626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only

*wrong form*



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2023 SEP 22 PM 3:29  
SEP 22 2023  
SEP 22 2023

SEP 28 2023

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Desire 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:

Kristian Montgomery

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3267 SW Constellation Rd

\_\_\_\_\_  
Address

Port St Lucie, FL 34953

\_\_\_\_\_  
City/State and Zip Code

kriscollege101@yahoo.com

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

For further information concerning this matter, please call:

Kristian Montgomery

504

275.8333

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2023 SEP 22 PM 3:20

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 11, 2023

KRISTIAN MONTGOMERY  
3267 SW CONSTELLATION RD  
PORT ST. LUCIE, FL 34953 US

SUBJECT: DESIRE SNOWBALLS LLC  
Ref. Number: L20000303626

We have received your document for and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Regulatory Specialist III  
Director's Office

Letter Number: 323A00020816

2023 SEP 22 PM 3:33

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)


**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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)

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.

  
Signature of a member or authorized representative of a member

Kristian Montgomery  
Typed or printed name of signee

**Filing Fee: \$25.00**