

120 000 318255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

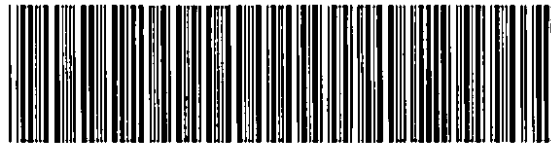
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/02/20--0101S--00E **25.00

FILED
2020 DEC -2 AM 8:14

JAN 20 2021

S. YOUNG

1 December 2020

Dear Sirs,

"Thank you" for taking the time
to process our paperwork.

To be clear, I, Kenneth S. Coleman
will help manage, as manager,
my Daughter, Angela E. Sowers,
her new "SNOW VIBES SNOBALLS, LLC
business owner.

Sincerely yours,

K.A. Coleman

(410) 365-0226

Happy Holidays

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sno Vibes Snoballs 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:

Angela Sowers
Name of Person
Sno Vibes Snoballs LLC
Firm/Company
25 Cupcake Ct.
Address
St. Johns, FL 32254
City/State and Zip Code
Snovibessnoballs@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Sowers at (954) 682-8368
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

Sno Vibes Snowballs LLC

2023 DEC -2 AM 9:14

ned

This amendment is submitted to amend the following:

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

Enter new mailing address, if applicable:

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	Angela Sowers (owner)	25 Cupcake Ct St. Johns, FL 32259	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove AS
			<input checked="" type="checkbox"/> Change AS
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Karen Coleman (Not A owner)	25 Cupcake Ct. St. Johns, FL 32259	<input checked="" type="checkbox"/> Add AS <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

4 pages attached (4)

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 to 605.0207 (3)(b)

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

Dated December 1, 2020.

Angela E. Sowers
Signature of a member or authorized representative of a member

(owner)

Angela E. Sowers
Typed or printed name of signee

(owner)

* Edited again
on 11-16-2020 @ 12 pm

My Copy



DIVISION of
CORPORATIONS
an official State of Florida website

My file date
10/08/2020

Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company

SNO VIBES SNOBALLS LLC

Filing Information

Document Number L20000318255

FEI/EIN Number 85-3796351

Date Filed 10/08/2020

Effective Date 10/07/2020

State FL

Status ACTIVE

Principal Address

25 CUPCAKE COURT
SAINT JOHNS, FL 32259 UN

Mailing Address

25 CUPCAKE COURT
SAINT JOHNS, FL 32259 UN

Registered Agent Name & Address

SOWERS, ANGELA E
25 CUPCAKE COURT
SAINT JOHNS, FL 32259

Authorized Person(s) Detail

Name & Address

Title MGR

KAREN, COLEMAN S
25 CUPCAKE COURT
SAINT JOHNS, FL 32259 UN

Annual Reports

No Annual Reports Filed

Document Images

10/08/2020 -- Florida Limited Liability

View image in PDF format

Computer
(Edited this 2 time) Coleman
Karen

Remove
Add - Angela Sowers
→ (owner)

* When I did an Edit no where
did it state \$25.00 or print out and
mail form.

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L200003
FILED 8:
October
Sec. Of :
vherring

Article I

The name of the Limited Liability Company is:

SNO VIBES SNOBALLS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

25 CUPCAKE COURT
SAINT JOHNS, FL. UN 32259

Mobile
Unit

The mailing address of the Limited Liability Company is:

25 CUPCAKE COURT
SAINT JOHNS, FL. UN 32259

Article III

The name and Florida street address of the registered agent is:

ANGELA E SOWERS (owner)
25 CUPCAKE COURT
SAINT JOHNS, FL. 32259

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

ner) Registered Agent Signature: ANGELA ELIZABETH SOWERS

Edited again on
11/16/2020 @ 12:00 PM

L200003
FILED 8:
October
Sec. Of :
vherring

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
COLEMAN S KAREN (not owner)
25 CUPCAKE COURT
SAINT JOHNS, FL. 32259 UN

Article V

The effective date for this Limited Liability Company shall be:

10/07/2020

Signature of member or an authorized representative

Electronic Signature: ANGELA ELIZABETH SOWERS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

Angela Sowers
owner - Angela Sowers

This title says MGR - Manager -
This should read owner -
owner - Angela Sowers.

*I WAS going to have my mother (Karen Coleman)
as my Manager so she could help run the
business and use the business card, for purchases. But
this Mgr line is unclear. So I need to be
the only person on the owner Angela Sowers