

# L21000191803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

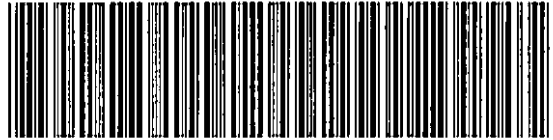
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
DOCKETING SERVICE DIV.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Snellen Enterprise 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:

Tammy Snellen

Name of Person

Firm/Company

13050 Gran Bay Pkwy Unit 436

Address

Jacksonville/FL 32258

City/State and Zip Code

tynnsnellen@gmail.com

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

For further information concerning this matter, please call:

Tammy Snellen

502  
at ( )

939-8853

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

OFFICE OF THE STATE  
CLERK

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## Page 1 of 3

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRET (for CONFIDENTIALITY)

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

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SECRETARY OF STATE

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CLERK OF DISTRICT COURT  
SACRAMENTO, CALIF.

**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 May 14, 2021

Tammy Snellen Sign

Signature of a member or authorized representative of a member

Tammy Snellen

Typed or printed name of signee