

W21000223744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

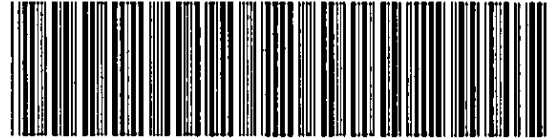
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400369373044

09/08/21--01023--003 **25.00

2021 SEP 8 PM 3:20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 SEP -7 PH 3:40

August 20, 2021

TROY SUTTER
6278 N. FEDERAL HWY.
STE. 456
FT. LAUDERDALE, FL 33308

SUBJECT: SNACKSANDSNACKS, LLC
Ref. Number: L21000223744

We have received your document for SNACKSANDSNACKS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 321A00020018

COVER LETTER

TO: Registration Section
Division of Corporations

RECEIVED

SUBJECT: SNACKS AND SNACKS
Name of Limited Liability Company

2321 AUG -9 PM 1:39

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TROY SUTTER

Name of Person

SNACKS AND SNACKS

Firm/Company

6278 N. Federal Highway #456

Address

Ft Lauderdale FL 33308

City/State and Zip Code

troy.sutter@juno.com

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

For further information concerning this matter, please call:

TROY SUTTER

Name of Person

at (954) 658 0624

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

(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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(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.

Dated 08/02/2021, _____


Signature of a member or authorized representative of a member

TROY SOTTLER
Typed or printed name of signee