

L220003C3897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

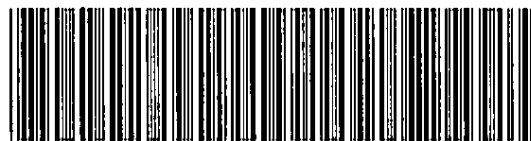
(Document Number)

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

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07/20/22--01012--001 \*\*20.00

FILED  
2022 JUL 20 10 3:21  
CLERK OF COURT

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

July 14<sup>th</sup> 2022

Snowshoe Mountain Vacations, LLC

Genene A. Kammerer MGR

4225 Overhill Drive,

Merritt Island, FL 32952

Cell # (321) 987-5173

Email: vacationhomes@usa.com

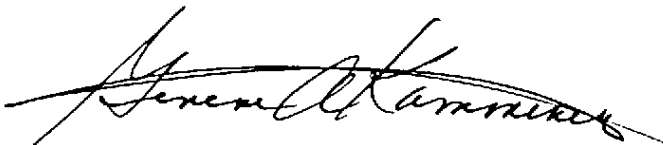
To Whom It May Concern:

My name is Genene A. Kammerer and when I applied for opening this LLC, I added my husband as a member which is not correct. The intent was for me to be the only managing member.

I would kindly ask if you could please take my husband Daniel Kammerer of the paperwork associated with Snowshoe Mountain Vacations, Florida LLC # L2200303897.

Thank you for your assistance and understanding.

Respectfully,

A handwritten signature in black ink, appearing to read "Genene A. Kammerer", written over a horizontal line.

Genene A Kammerer, MGR

FILED  
2022 JUL 20 PM 5:21  
TALLAHASSEE, FL  
CLERK OF THE CIRCUIT COURT

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Snowshoe Mountain Vacations 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:

Genene A Kammerer

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

Snowshoe Mountain Vacations

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

4225 Overhill Drive

\_\_\_\_\_  
Address

Merritt Island, FL 32952

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

vacationhomes@usa.com

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

For further information concerning this matter, please call:

Genene A Kammerer

321 9875173  
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

2022 JUL 29 AM 9:21  
SEC. OF STATE  
FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SNOWSHOE MOUNTAIN VACATIONS LLC

(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 July 7, 2022 and assigned  
Florida document number 220710193455-000390709170#1.

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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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.*

**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**

[illegible]


2022 JUL 20 AM 9:21  
FBI - NEW YORK

2022 JUL 20 AM 9:21

(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.

July 14, 2022



Signature of a member or authorized

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

# *State of Florida*

## *Department of State*

I certify the attached is a true and correct copy of the Articles of Organization of SNOWSHOE MOUNTAIN VACATIONS LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on July 07, 2022, as shown by the records of this office.

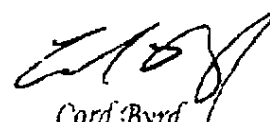
I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L22000303897.

Authentication Code: 220710193455-000390709170#1

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Tenth day of July, 2022



  
Cord Byrd  
Secretary of State