

8/21/24, 11:19 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L24000035312

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000280225 3)))



H240002802253ABCZ

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : MIACCOUNTING CO
Account Number : I20220000131
Phone : (305)610-2704
Fax Number : (305)647-6040

SECRETARY OF STATE
JILL CHASSE, FLORIDA

2024 AUG 21 PM 3:26

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RECEIVED
2024 AUG 21 PM 11:34
DIVISION OF CORPORATIONS
FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HRYBOV CONSTRUCTION LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$25.00 |

M. SOLOMON

AUG 21 2024

Electronic Filing Menu

Corporate Filing Menu

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(((H24000280225 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HRYBOV CONSTRUCTION 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:

VIKTOR HRYBOV

Name of Person

HRYBOV CONSTRUCTION LLC

Firm/Company

2179 SPRING PARK 2

Address

JACKSONVILLE, FL 32207

City/State and Zip Code

info@miaccounting.us

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

For further information concerning this matter, please call:

VIKTOR HRYBOV

at (305) 610-2704

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

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2024 AUG 21 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FL 32307

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(((H24000280225 3)))

HRYBOV CONSTRUCTION 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 01/16/2024 and assigned
Florida document number L24000035312.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SNAPEVENT MEDIA LLC

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

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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

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

City

Florida

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

(((H24000280225 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: (((H24000280225 3)))

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
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CLERK OF SUPERIOR COURT
STATE OF MICHIGAN
JESSICA L. STANLEY
CLERK

(((H24000280225 3)))

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

SECRETARY OF STATE
WASHINGTON, D.C. 20520

2024 AUG 21 PM 3:26

DEED

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 AUGUST 21 2024

Signature of a member or authorized representative of a member

VIKTOR HRYBOV

Typed or printed name of signee

Filing Fee: \$25.00

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