

L24000211142

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(City/State/Zip/Phone #)

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DIVISION OF CORPORATE
AND ADMINISTRATIVE

2024 JUL 22 PM 12:07

FILED

A. PARISHANI

JUL 27 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S.N. ASSOCIATES LLC
Name of Limited Liability Company

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

2024 JUL 22 PM 12:07

FILED

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

Please return all correspondence concerning this matter to the following:

Sindy D. Camacho
Name of Person

S.N. ASSOCIATES LLC
Firm/Company

2000 Victoria Park D.R 2108
Address

Davenport, FL. US 33896
City/State and Zip Code

s.n.associates2108@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sindy D. Camacho at (970) 729-3115
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

S.N. ASSOCIATES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

RECEIVED
SECTION OF CORPORATE
AND ADMINISTRATIVE
SERVICES

2024 JUL 22 PM 12:07

01:00

The Articles of Organization for this Limited Liability Company were filed on 4/20 and assigned
Florida document number L24000211142.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Nelson Mejias</u>	<u>2000 Victoria Park D.R.</u>	<input type="checkbox"/> Add
		<u>Davenport, FL. 33896</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>P</u>	<u>Sindy D. Camacho</u>	<u>2000 Victoria Park D.R.</u>	<input checked="" type="checkbox"/> Add
		<u>Davenport, FL. 33896</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
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		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

2024 JUL 22 PM 3:07
FACILITY OF S...
NATION OF ...
... APAS ...

2024 JUL 22 PM 12:07
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

2024 JUN 22 PM 12:07
FACILITY: 015044
VISION OF CORPUSCULE
11454585670000000000

(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.

Dated _____

Nelson Mejias

Typed or printed name of signee