

L030000002188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

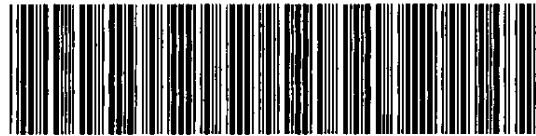
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(Document Number)

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FILED
10 MAY 19 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Collins MAY 14 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sourcepoint Partners, 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:

Lisa Peddy

Name of Person

SOURCEPOINT PARTNERS, LLC

Firm/Company

2856 NE 25th Street

Address

FORT LAUDERDALE FL 33305

City/State and Zip Code

lisa.peddy@closereachpartners.com

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

For further information concerning this matter, please call:

Lisa S. Peddy

Name of Person

at (954)

Area Code & Daytime Telephone Number

328-6909

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2010

LISA PEDDY
2856 NE 25TH STREET
FORT LAUDERDALE, FL 33305

SUBJECT: CLOSE REACH PARTNERS, LLC
Ref. Number: W10000021065

We have received your document for CLOSE REACH PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 710A00010778

Close Reach Partners, LLC

2856 NE 25th Street

Fort Lauderdale FL 33305

May 10, 2010

Department of State

Division of Corporations

RE: Close Reach Partners, LLC

Filing Number L08000012739

Dear Sirs:

We have no intention of reinstating Close Reach Partners which was administratively dissolved in September of 2009 and therefore release the name for use by another entity.

Attached are name change documents for Sourcepoint Partners, LLC (L03000002188), as previously filed, changing its name to Close Reach Partners, LLC.

Thank You

A handwritten signature in black ink, appearing to read "Lisa S. Peddy", with a stylized flourish at the end.

Lisa S. Peddy

Managing Member

L08000012739

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

Sourcepoint Partners, LLC

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

FILED
10 MAY 19 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 17, 2003 and assigned Florida document number L03000002188.

This amendment is submitted to amend the following:

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

Close Reach Partners, LLC

The new name must be distinguishable and end with 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated April 23, 2010

Signature of a member or authorized representative of a member

Lisa S. Peddy

Typed or printed name of signee

FILED
 10 MAY 19 PM 2:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA