204000039106

(Requ	uestor's Name)	-
(Addi	ress)	
(Adda	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



300314364363

06/11/18--01015--012 **60.00

TALLAHASSEE, FLORIDA

y5,12,18

COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT:	M 5 Name of Limi	OURCE, LL ted Liability Company	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Man	uel J. Sin	noes
	MS	OURCE, LLC Firm/Company	·
		CREST RID GE Address	
	SANFO, MISIR E-mail address: (t	City/State and Zip Code roe Dell So o be used for future annual report notif	uSh. net
For further information co	oncerning this matter, please ca	H:	
Manue of	Person	at (407) 7/8-	3602 Telephone Number
Enclosed is a check for th	e 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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

m sou	irct, LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	by were filed on $05/14/2004$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility 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)		TSE SE
Enter new mailing address, if applicable:		CRETARY
(Mailing address MAY BE A POST OFFICE BOX)		79'
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		STATE
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	
	, Florida	-

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			☐ Change
			
			☐ Remove
			Change
			□ Add
			□ Rem Rem
			Change SS
			□ Add 3 Fo
		V-T	Change ASSEE, FLORIDA
			☐ Change
			Remove
			Change
			□ Add
			□ Remove
			Change

	<u> </u>	-
_		_
_	 	-
_		-
_		_
_		-
_		-
		_
_		-
_		_
		*
		يخ
-		JUN I PM
_		
		3
_		3
_		- 8
_		_
ote:	tive date, if other than the date of filing: (optional) (tive 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 60 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis nt's effective date on the Department of State's records.	5.0207 (led as t
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.	er of:
The	JUNE 6 . 2018	
The	Signature of a nomber of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00