

L05000032123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

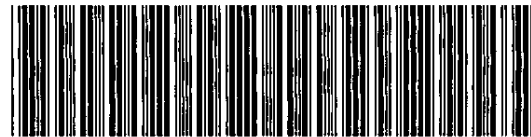
(Business Entity Name)

(Document Number)

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05/10/12--01023--027 **30.00

~~05/10/12--01023--026 **455.00~~

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 10 PM 3:50

JUN 13 2012

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOURCE I, 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:

KATHLEEN CROCKER

Name of Person

SOURCE I, LLC

Firm/Company

710 NE 2nd STREET

DELRAY BEACH FLORIDA

33483

City/State and Zip Code

crockerk@bellsouth.net

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

For further information concerning this matter, please call:

BARBARA CROCKER

Name of Person

at (310)

924-4855

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/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 JUN -5 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 16, 2012

SOURCE I LLC ***** 2ND MAILING *****
710 NE 2ND ST
DELRAY BEACH, FL 33483

SUBJECT: SOURCE I, LLC
Ref. Number: L05000032123

We have received your document for SOURCE I, LLC and your check(s) totaling \$685.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

We are holding your amendment.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 812A00014272



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2012

SOURCE I LLC
105 NE 7TH ST
DELRAY BEACH, FL 33444

SUBJECT: SOURCE I, LLC
Ref. Number: L05000032123

We have received your document for SOURCE I, LLC and your check(s) totaling \$685.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

We are holding your amendment.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 812A00014272

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

SOURCE I, 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 04/01/05 and assigned

Florida document number L05000032123

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DIVISION OF CORPORATIONS
12 MAY 10 PM 3:50

This amendment is submitted to amend the following:

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

PAUL SORIN 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)

710 NE 2nd STREET

DELRAY BEACH FLORIDA

33483

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

710 NE 2nd STREET

DELRAY BEACH FLORIDA

33483

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

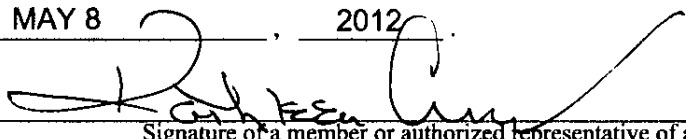
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KATHLEEN CROCKER	710 NE 2nd STREET DELRAY BEACH FLORIDA 33483	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	PAUL SORIN	710 NE 2nd STREET DELRAY BEACH FLORIDA 33483	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PAUL SORIN	710 NE 2nd STREET DELRAY BEACH FLORIDA 33483	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	KATHLEEN CROCKER	710 NE 2nd STREET DELRAY BEACH FLORIDA 33483	<input checked="" 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.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 10 PM 3:50

Dated MAY 8, 2012



Signature of a member or authorized representative of a member

KATHLEEN CROCKER

Typed or printed name of signee