

LD9000109223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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10 JAN 22 PM 2:44

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. Tafford JAN 22 2010

Attention: Brenda  
850-345-6911

From: Paul Seigny  
SourceZone  
305-989-9488

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SourceZone STAFFING-Marketing-Promotions 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:

Paul Seigny  
Name of Person  
SourceZone STAFFING-Marketing-Promotions  
Firm/Company  
1220 Euclid Ave Apt 1  
Address  
Miami Beach FL 33139  
City/State and Zip Code  
info@SourceZoneAgency.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul M Seigny Jr at (305) 989-9488  
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)
- N/A

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Source 1 One Staffing, Marketing, Promotions

(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 NOV 12 2009 and assigned  
Florida document number 209000109223

10 JAN 22 PM 2:44

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

This amendment is submitted to amend the following:

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

Source 1 One 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)

NA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

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:

NA

New Registered Office Address:

NA

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 508, 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.

NA

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>
m6Rm	Breg ZALKIN	7455 NE 2ND AVE MIAMI, FL 33138	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated THURSDAY JANUARY 21, 2010

Paul M. Seigny Jr.  
Signature of a member or authorized representative of a member

Paul M. Seigny Jr.  
Typed or printed name of signee