

# L10000033171

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(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 MAR 13 PM 4:14

FILED

K. SALY  
EXAMINER  
MAR 14 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 11, 2014

JASON A SEPANSKI, LLC  
JASON SEPANDKI  
200 LAMBIANCE CIR. #206  
NAPLES, FL 34108

SUBJECT: JASON A. SEPANSKI, LLC  
Ref. Number: L10000033171

We have received your document for JASON A. SEPANSKI, 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L13000133854 "THE FLORIDA REAL ESTATE SOURCE, LLC".

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 314A00005320

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jason A. Sepanski, 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:

Jason Sepanski  
Name of Person  
Jason A. Sepanski, LLC  
Firm/Company  
200 Lambiance Circle #206  
Address  
Naples, FL 34108  
City/State and Zip Code  
jason.sepanski@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Sepanski at (941) 238-8001  
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)

**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

FILED  
2014 MAR 13 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 13, 2014

Jason A Sepanski, LLC  
200 L'Ambiance Circle; #206  
Naples, FL 34108

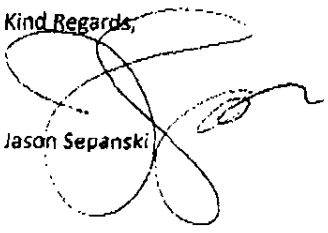
ATTN: Karen Saly, Florida Department of State, Division of Corporations

Karen

Per our conversation, I am sending you this letter as an acknowledgement that there is an active Florida Limited Liability Company with a similar name to the one I am changing my current LLC (Jason A. Sepanski, LLC) to. The name I would like to change it to is FL Real Estate Source, LLC and I would still like to proceed with this name change. The Document Number is: L10000033171.

Kind Regards,

Jason Sepanski



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

**FILED**

2014 MAR 13 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Jason A. Sepanski, 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 March 25, 2010 and assigned Florida document number L10000033171.

This amendment is submitted to amend the following:

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

FL Real Estate Source, 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
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|              |             | _____          |                                 |
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|              |             | _____          | <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.)*

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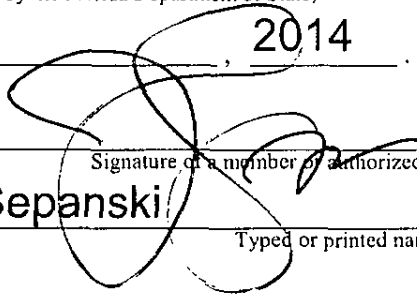
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated March 4, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jason Sepanski  
Typed or printed name of signee