

**L10000045080**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**FILED**  
2011 FEB -4 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

FEB - 7 2011

**EXAMINER**



February 2, 2011

To Whom It May Concern:

I am writing this letter to verify the following changes to be made to the documents for Source Staffing, LLC:

- 1) Amendment to principal address.
- 2) Removal of Manager Courtney Halperin
- 3) Removal of Ronny J. Halperin PA as Registered Agent
- 4) Addition of Roberta Verville as Registered Agent

Please feel free to contact me at any time if needed by phone at 954-850-9809 or by email at [dezs@sourcestaffing.org](mailto:dezs@sourcestaffing.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Leslie Savoy", with a long, sweeping horizontal line extending to the right.

Leslie Savoy  
Manager  
Source Staffing, LLC

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Source Staffing, 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:

LESLIE SANDY  
Name of Person

Source Staffing, LLC.  
Firm/Company

PO BOX 24921  
Address

Ft. Lauderdale, FL 33307  
City/State and Zip Code

dezso@sourcestaffing.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LESLIE SANDY at (954) 850-9209  
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

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

**FILED**

2011 FEB -4 AM 11:07

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04-27-10 and assigned Florida document number 410000045080

This amendment is submitted to amend the following:

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

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)

4338 NE 11<sup>th</sup> AVE  
Oakland Park, FL 33334

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:

Roberta Verville

New Registered Office Address:

2401 NE 19<sup>th</sup> Ave

*Enter Florida street address*

Wilton Manor  
City

Florida

33305  
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>
MGR	Courtney Halperin	2417 NE 15 <sup>th</sup> Ave Wilton Manors, FL 33305	<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.)

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

2011 FEB -4 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

Dated February 2<sup>nd</sup>, 2011

  
Signature of a member or authorized representative of a member

LESLIE B. SANDY  
Typed or printed name of signee