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## **COVER LETTER**

TO: Registration Se Division of Cor	porations -		. ••
Source Cor		•	s e
SUBJECT: <u> </u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Gerald Shvartsman		
		Name of Person	
	Source Contract, LLC		
		Firm/Company	
	11451 NW 36th Ave		
		Address	
	Miami, FL 33167		
		City/State and Zip Code	
	Gerald@sourcefurniture.com  E-mail address: (	n to be used for future annual report r	notification)
For further information c	oncerning this matter, please co	all:	
Linnette Grubbs		305 507-9639	
Name o	f Person		time Telephone Number
Enclosed is a check for the	he 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		Street Address:	
Registration : Division of C		Registration Division of C	
D.O. Day 622	•	The Control	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Source Contract LLC			
(Name of the Lim	nited Liability Company as it (A Florida Limited Liability	now appears on our records. Company)	
The Articles of Organization for this Limited I	Liability Company were	filed on <u>09/16/2010</u>	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability co	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Con	npany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	_		. 153
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office addres ess here:	s on our records, <u>enter th</u>	
Name of New Registered Agent:	Gerald Shvartsman		* c
New Registered Office Address:	11451 NW 36th Ave		- PA
		Enter Florida street address	- <del> </del>
	Miami		rida 33167
	C	iy.	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gerald Shvartsman	11451 NW 36th Ave, Miami FL 33167	■Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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Effective date, if other	than the date of filing:		(optional)
			) days after filing.) Pursuant to 605.0207 (3 ments, this date will not be listed as the
	e on the Department of State's reco		
he record specifies a delay	ed effective date, but not an effecti	ve time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
ord is filed.			
	2020		
Dated October 6	. 2020	·	

Typed or printed name of signee