L13000158131

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COVER LETTER

TO: Registration Se Division of Con			·	,
SUBJECT:	mmunication. Name of Limit	S Source, LLC ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Carrie 1	VOOYE Name of Person		
		Firm/Company		
	4175 Day	Bridge Place		
	Ellenton,	FL 34222		and Must So
	Carrichethl. E-mail address: (t	City/State and Zip Code 2656 UANOO COM o be used for future annual report notificati		至 。
For further information of	concerning this matter, please c	all:	(1) (1) (1)	2
Carrie No Name of	DOVC of Person	at (206) 581-859 Area Code & Daytime Te	FS slephone Number	
Enclosed is a check for t	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 er	

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

Communications So (Name of the Limited Liability Compa- (A Florida Limited L	NUTCE LLC ny as it now appears on our re liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000158731</u> .	were filed on NOV. 12	12013 and signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Call Me Cammunicatio The new name must be distinguishable and end with the words "Limi" L.L.C."	W	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4175 Day B Ellenton, FL	ridge Pl. - 3422Z
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O.Box 89 Ellenton, FL	34222
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ls, enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida	street address
	, F	lorida
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manag MGRM = Man	MGR = Manager MGRM = Managing Member				
Title	Name	Address	Type of Action		
			Add		
			Remove		
			Add		
		 	Remove		
			Add.		
		1.2 12 12 12 14	Add Remove		
			Add Remove		
			Add Remove		

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
Dated _	November 19, 2013.
	Marin & Desal
	Signature of a member or authorized representative of a member
	Carrie E. Moore
	Typed or printed name of signee
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Filing Fee: \$25.00

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