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(Re	equestor's Name)	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

BRIEN

COVER LETTER

	istration Se ision of Cor			
SUBJECT.	PASSUE	SOURCING, LLC.		
SUBJECT:		Name of Lim	ited Liability Company	_
		Amendment and fee(s) are sub	•	
Please return	all correspo	ndence concerning this matter	to the following:	
		PAULETTE GARDN	IER	
	٠		Name of Person	_
			Firm/Company	<u>—</u>
				
		PLANTATION, FL 3	3322	
			City/State and Zip Code	
		allservicepro@bellsc		
For further in	iformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report notification)	
PAULETT			954 593-4950	
		f Person	at () Area Code Daytime Telephone Nut	mber En B
			, ,	2016 MAR -1 SECRETARY ALLAHASSE
Enclosed is a	check for th	ne following amount:		R -L
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy is enclosed Certified Copy is enclosed Certified Certified Certified Certified Certified Certified Certified Certified Copy is enclosed Certified Copy in Certified Copy in Certified Copy is enclosed Certified Copy in	O Filing Fee. ficate of Status & fied Copy for ficial capy is feel classed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PASSUE SOURCING, LLC.	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Conference of Organization for the	ompany were filed on 11/12/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
PASSUE DISTRIBUTORS, LLC.	
The new name must be distinguishable and end with the words "Lin	nited 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 ADDR	(ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address and/or the new registered office address.	tered office address on our records, enter the name of the new
Name of New Registered Agent:	A.c.
New Registered Office Address:	LAH.
	Enter Florida street address , Florida City Zip Gode
New Registered Agent's Signature, if changing Registered	d Agent:
provisions of all statutes relative to the proper and co	and agree to act in this capacity. I further agree Recomply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action						
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		 	□ Remove						
									
		 							
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ote:	If the date ins nent's effective	erted in this	block doc	s not me	et the app	licable sta	tutory filir	ig requirem	ents, thi	s date w	ill not b	e listed as
	cord specifi 90th day a				te, but r	not an e	ffective	time, at 1	L2:01	a.m. oı	n the e	earlier o
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00