

214000175616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200281968532

03/04/16--01011--002 **60.00

FILED

2016 MAR -4 P 4: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filed 03/07/2016
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PASSUE SOURCING, 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:

PAULETTE GARDNER

Name of Person

Firm/Company

8551 WEST SUNRISE BOULEVARD, SUITE 203

Address

PLANTATION, FL 33322

City/State and Zip Code

allservicepro@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULETTE GARDNER

at (954)

593-4950

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

2016 MAR -4 PM 4:00
FILED
TALLAHASSEE, FL
SECRETARY OF STATE

PASSUE SOURCING, LLC.

Page 1 of 3

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
			<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

FILED
 2005 MAR -4 PM 4:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

- D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
2016 MAR -14 P 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated FEB 8TH, 2016

Signature of a member or authorized representative of a member

SHANIQUE STEWART

Typed or printed name of signee