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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	One Source Th		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Alexan	Name of Person	
		Name of Person	
	One Sou	Firm/Company	
	_		
	511 Ma	Juria ave Address	
	Altamonte	Springs FL, 3 City/State and Zip Code 2 threads Domail Co to be used for future annual report notific	62714
	One Source E-mail address: (1)	threads Domail. Co	n n n ation)
For further information	concerning this matter, please ca		
	Santaria	at (321) 246	- 1353
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

•		
One Source Thre	eads LIC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company villerida document number LI600047271	were filed on 3/7/16 and assign	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
One Source Thread's LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C	<u></u>
Enter new principal offices address, if applicable:	511 Matorca are	⋪
(Principal office address MUST BE A STREET ADDRESS)	511 Majorca are Altamorte Springs, 32714	
Enter new mailing address, if applicable:	511 Matorca are	
(Mailing address MAY BE A POST OFFICE BOX)	511 Majorca are Altamonte Springs FL 3271	14
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		the new
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	- ,	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with a rovided for in Chapter 605, F.S. Or, if this docume	and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager '

AMBR =	Authorized Member		•
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Add
			A SC TO THE PROPERTY OF THE PR
 			### Add
			A Addo SECOND Remove DRID Remove Change
			Add
			□ Remove
			☐ Change

f amending any	other information, enter change(s) here: (Attach additional sheets, if new	cessary.)
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ffective date, if	other than the date of filing: (opt listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	
lote: If the date	issted, the date must be specific and cannot be prior to date of filing or more than 90 days after inserted in this block does not meet the applicable statutory filing requirements, the ive date on the Department of State's records.	er filing.) Pursuant to 605.0207 (his date will not be listed as t
	fies a delayed effective date, but not an effective time, at 12:01 after the record is filed.	a.m. on the earlier of:
ated Apr	15th, 2016	
	allesieleur Suntemme	
	Signature of a member or authorized representative of a member	
	Alexander Southing	
	Typed or printed name of ciones	(X)
	Alexander Santana Typed or printed name of signee	8 PH 2

Filing Fee: \$25.00