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(U)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

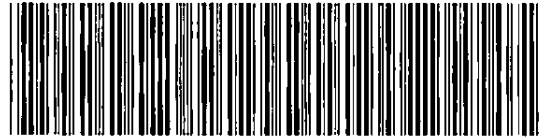
(Business Entity Name)

(Document Number)

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10/07/24
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONESOURCE CONSULTING PROFESSIONALS, 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:

NOREK THOMAS NEWMAN
Name of Person

ONESOURCE CONSULTING PROFESSIONALS, LLC
Firm/Company

3920 VERSAILLES DR
Address

TAMPA FL 33634
City/State and Zip Code

tomnewman757@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NOREK NEWMAN at (813) 927 1845
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALAN NEWMAN	3918 AMERICANA DR	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33634	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SKYLS NEWMAN	3920 VERSAILLES DR	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33634	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NICOLA STENTIFORD	3918 AMERICANA DR	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33634	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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)

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.

Signature of a member or authorized representative of a member

ALOREK THOMAS NEUMAN
Typed or printed name of signee