

L180000 16034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

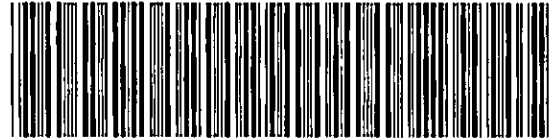
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/04/19--01014--007 **25.00

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2019 MAR -14 PM 3:12

Amend

MAR 12 2019

LALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Source Advantage 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:

Mark Anderson
Name of Person

Source Advantage LLC
Firm/Company

910 NW Jefferson St
Address

Blue Springs MO 64015
City/State and Zip Code

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

For further information concerning this matter, please call:

Mark Anderson at (407) 388 4450
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

117A

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2019 MAR -4 PM 3:12
SEATTLE
CLERK OF COURT

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Javed Granakos	10129 Fallsgrave St	<input checked="" type="checkbox"/> Add
		Orlando FL 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	Sally Munsch	10129 Fallsgrave St	<input type="checkbox"/> Add
		Orlando FL 32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	Christina Staley	10129 Fallsgrave St	<input type="checkbox"/> Add
		Orlando FL 32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(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.

Mark J Anderson MGK
Typed or printed name of signee