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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

Division of Corp	porations '				
SUBJECT:	FLORIDA SOUR	CE GROUP,LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Silv <del>i</del> a De	Leon			
		Name of Person			
	Florida So	urce Group, LLC			
		Firm/Company			
	881	8810 Commodity Cr. Suite 27  Address			
		Orlando, FL 32819			
	***************************************	City/State and Zip Code			
		oridasourcegroup@gmail.com			
	E-mail address: (	to be used for future annual report notif	fication)		
For further information co	oncerning this matter, please c	all:			
Silvia De l	_eon	407 42	7-4777		
Name of	f Person		e Telephone Number		
Enclosed is a check for the	ne following amount:		The state of the s		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAN	INC ADDRESS.	STREET/COURT	ED ADDRESS.		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

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

FLORIDA SOURCE G	•			
(Name of the Limited Liabili (A Florida	ty Company as it now appear a Limited Liability Company)	rs on our records.	)	
The Articles of Organization for this Limited Liability C		1/31/2018		and assigned
his amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lim</u>	ited liability company he	<u>ere</u> :		
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the d	lesignation "LLC"	or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>			
Principal office address MUST BE A STREET ADDI	(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 add		ı our records,	enter th	
Name of New Registered Agent:				720 720 720 720 720 720 720 720 720 720
New Registered Office Address:		<del></del>	# A	70 20 second
	Enter Flor	rida street address , Flor	idā]	T TT
	City	, r loi	<u> </u>	'Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:			2. 1=

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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 Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Seema Kara	8810 Commodity Cr. #27 Orlando FL 32819	
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			Change
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Page 3 of 3

Filing Fee: \$25.00