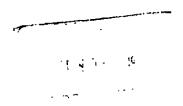
## 

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	SOURCEA	TIVE LLC		
1,()134)17	· · ·	Name of Lim	ited Liability Company	<del></del>
The enc	losed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		ALEXIS BENJAMIN		
Name of Person				<del></del>
		SOURCEATIVE LLC		
		2144 NE 63 rd	Street	
Fortlauderdale Fl 33308				
		ALEXISBENJAMIN@GM	City/State and Zip Code AIL.COM	
		E-mail address: (	to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please ca	all:	
ALEXI	SBENJAMIN		at (954 ) 383 49	947
	Name o	f Person		e Telephone Number
Enclose	d is a check for th	ne 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

SOUICEATIN	1C, LLC
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	by were filed on $\frac{7/26/2018}{}$ and assigned
Florida document number <u>L1800017 9347</u>	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	8 EC 17 M 8:
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>
I hereby accept the appointment as registered agent and as	gree to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 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 Title **Name** Address Type of Action MARIE DAPHE LERNER 21AA NE 63'd Street MGR SIMON ☐ Change ALEXIS BENJAMIN 18425 NW 2ND AVENUE MIAMI GARDENS FLORIDA □ Add ■ Remove ONLY ONE ALEXIS BENJAMIN AS MANAGER ■ Change 2124 NE 63'd Street DANG Change 8 Add 🗗 Renibve **空** Change 45 □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

Clarifying thata TGR is	added and only
one Alexis Benjamin as	a NGR, which
addiese is changed to 214.	,
lauderdale F133308	
<u> </u>	
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	% - M
	<u> </u>
	( b)
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of fil  lote: If the date inserted in this block does not meet the applicable statute ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier o
ated	
Signature of a member or authorized repres	sentative of a member
Alexis Be Typed or printed name of s	

Page 3 of 3

Filing Fee: \$25.00