

118000179347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

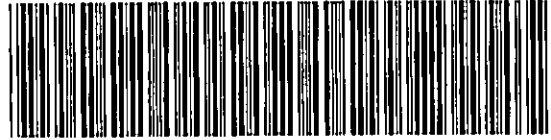
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

45

11 4 17 16

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOURCEATIVE 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:

ALEXIS BENJAMIN

Name of Person

SOURCEATIVE LLC

Firm/Company

2144 NE 63rd Street  
Fort Lauderdale FL 33308

Address

City/State and Zip Code

ALEXISBENJAMIN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXISBENJAMIN

Name of Person

at (954)

Area Code

3834947

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

SOURCEACTIVE, LLC

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	MARIE DAPHE LERNER SIMON	2144 NE 63 <sup>rd</sup> Street Fort Lauderdale FL 33308	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	ALEXIS BENJAMIN	18425 NW 2ND AVENUE MIAMI GARDENS FLORIDA 33169	<input type="checkbox"/> Change <input type="checkbox"/> Add
		ONLY ONE ALEXIS BENJAMIN AS MANAGER	<input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	Alexis Benjamin	2144 NE 63 <sup>rd</sup> Street Fort Lauderdale FL 33308	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECURITY OF FLA.  
ALL INFORMATION  
18 DEC 10 4 46 PM  
FBI

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Clarifying that a NGR is added and only  
one Alexis Benjamin as a NGR, which  
address is changed to 2144 NE 63<sup>rd</sup> Street  
Ft Lauderdale FL 33308

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

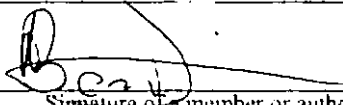
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Alexis Benjamin

Typed or printed name of signer