La1000117880

(Re	questor's Name)	
(Ad	dress)	- -
(Ad	dress)	
V 1.2	,	
	70: 10: 10:	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
,		,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Copedial instructions to	i iiiig Omeei.	
		į
		ŀ

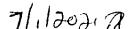
Office Use Only



200362894192

03/31/21--01003--011

**25.00





KE 2777 [2]

2021 JUN 28 AH 8: 12

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2021

MARIE M. LAPLANTE 10256 BOCA SPRINGS DR. BOCA RATON, FL 33428

SUBJECT: PRO SOURCE & SOLUTIONS ENTERPRISES, LLC

Ref. Number: L21000117880

We have received your document for PRO SOURCE & SOLUTIONS ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 521A00013248

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PRO SOUNCE & SOLUTIONS ENTERPRISES, 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:
MARIE M. LA JOEANTE
Prosource & Solutions Enterprises, Ltc
10256 BOCA Springs Ja
BOCARATON, FL 33428 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIP M. LA blante at (754) 422-2363 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAO SOURCE & SOLUTIONS ENTERPRISES, ILC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia Florida document number		ere filed on <u>f</u>	1 <u>ANCH 12,</u> ö	<u>1001</u> and assigne	·d
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	t <u>he limited liabili</u>	ity company hero	<u>.</u> :		
The new name must be distinguishable and contain the wor	INS ENT	en la Ai S. e., v Company," the desi	S LLC ignation "LLC" or the :	abbreviation "L.L.C."	
Enter new principal offices address, if applical (Principal office address MUST BE A STREET		3500 Svite Lavoli	NSIALO U37 Englale L		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>				
B. If amending the registered agent and/or regagent and/or the new registered office address	~	ldress on our rec	ords, <u>enter the na</u>	me of the new re	gistered
Name of New Registered Agent:	MARIC	M. LAL	olante	<u> </u>	
New Registered Office Address:	3500	N 5 F	Ate Rol	7 ==	<u></u>
	<u>LAU Ó!e</u>	ndale La	<u> 民色S_</u> , Florida _	333 F8	

New Registered Agent's Signature, if changing Registered Agent:

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.

Mare M. Laplonke 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
	LAPLANTE, PIERNE	10256BOCA 5/201493	DDA 🗆 🖊 🖸
	·	BOCA RATON FL 334	128 ⊠Remove
			□Change
	LAplante, Marie	10256 BOLA SpAINGS	DN ZAdd
		BOLARATON, FL. 334	<u>J Ø</u> □Remove
			DChange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			DAdd
			□Remove
			□Change

	
_	
_	
_	
_	
_	
_	
_	
_	
`an effec <u>Sote:</u> T	re date, if other than the date of filing: MARCH 13 2-027 (optional) rive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
	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
d is file	d.
d is file	d.
d is file	·

Filing Fee: \$25.00