

LA21000117880

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(Address)

(City/State/Zip/Phone #)

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7/1/2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2021 JUN 28 AM 8:12  
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 SOURCE & 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. LAPLANTE  
Name of Person

PRO SOURCE & SOLUTIONS ENTERPRISES, LLC  
Firm/Company

10256 BOCA SPRINGS DR  
Address

BOCA RATON, 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:

MARIE M. LAPLANTE at 754, 422-2363  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**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**

Pro source & solutions Enterprises, LLC  
(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 Liability Company were filed on MARCH 12, 2001 and assigned Florida document number 121000117880.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Pro source solutions Enterprises LLC  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

3500 N State Rd 7  
Suite 437  
LAUDERDALE LAKES, FL. 33319

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Marie M. Laplante

New Registered Office Address:

3500 N State Rd 7

Enter Florida street address

LAUDERDALE LAKES, Florida

City

33319

Zip Code

**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.*

Marie M. Laplante  
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>	<u>Address</u>	<u>Type of Action</u>
_____	LAPLANTE, Pierre	10256 BOCA SPRINGS DR	<input type="checkbox"/> Add
_____		BOCA RATON FL 33428	<input checked="" type="checkbox"/> Remove
_____		_____	<input type="checkbox"/> Change
_____	LAPLANTE, Marie	10256 BOCA SPRINGS DR	<input checked="" type="checkbox"/> Add
_____		BOCA RATON, FL 33428	<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
_____		_____	<input type="checkbox"/> Add
_____		_____	<input type="checkbox"/> Remove
_____		_____	<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)

**Filing Fee: \$25.00**