## L24 0000 86256

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| Special Instructions to | Filing Officer:          |      |
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## **COVER LETTER**

| Division of Cor            | rporations  | _   |  |       |
|----------------------------|---|---|--|-------|
| subject: <u>S</u> E        | ELECT SOURC<br>Name of Lin                        | IN W SERVICE  ited Liability Company                                | is, uc   |       |
| The enclosed Articles of   | Amendment and fee(s) are sub                      | omitted for filing.   |  |       |
| Please return all correspo | ondence concerning this matter                    | to the following:   |  |       |
|                            | ROGER   | BEARD SR<br>Name of Person  |  |       |
|                            | 251 8+  | Firm/Company  Address   |  |       |
|                            | <u>JERSEY</u>                                     | CITY NJ City/State and Zip Code ROGER (C)S                          | \$73\$2<br>ELECTSOURCING<br>Fication SERVICES.C  |       |
| For further information o  | E-mail address: (concerning this matter, please c | aii.  |  | s.coN |
| Name c                     | of Person   | at () Area Code Daytime   | e Telephone Number   |       |
| Enclosed is a check for t  | he 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 Addres             | xe.   | Street Address  |  |       |

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

| SELECT SOURCE (Name of the Limited Liability)  | Company as it  | SER                    | VICES,                         | LLC                                  |                       |
|--|--|------------------------|--------------------------------|--------------------------------------|-----------------------|
| ( <u>Name of the Limited Liability (</u><br>(A Florida Li  | imited Liability   | Company)               | on our records.)               |                                      |                       |
| The Articles of Organization for this Limited Liability ComFlorida document number $\frac{L24000086256}{L256}$ .   | npany were fi  | iled on                | 2/17/2                         | $\cancel{62}$ and a                  | issigned              |
| This amendment is submitted to amend the following:  | shable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "EC." as address, if applicable:  Standard Street Address  Standard Street Address  Standard Street Address  Standard Street Address  Standard Street Address on our records, enter the name of the new registered stered office address here: |                        |                                |                                      |                       |
| A. If amending name, enter the new name of the limited   | ed liability co  | mpany hero             | <u>ē</u> :                     |                                      |                       |
| The new name must be distinguishable and contain the words "Limited  | d Liability Com  | pany," the des         | ignation "LLC" o               | r the abbreviation                   | ₹C."                  |
| Enter new principal offices address, if applicable:  |  |                        |                                | <u> </u>                             | <u> </u>              |
| (Principal office address MUST BE A STREET ADDRES  | <u> </u>   |                        |                                | <u> </u>                             | -                     |
|  |  |                        |                                |                                      | <del></del>           |
|  |  |                        |                                | - T                                  |                       |
| Enter new mailing address, if applicable:  |  |                        |                                | <u> </u>                             | ယ <u>္</u><br>ဘ       |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | <u></u>                |                                |                                      |                       |
|  | - <del></del>  |                        |                                | ,                                    |                       |
| B. If amending the registered agent and/or registered o agent and/or the new registered office address here:   | office address   | s on our rec           | ords, <u>enter th</u>          | e name of the n                      | ew registered         |
| Name of New Registered Agent:  |  |                        |                                |                                      |                       |
| -  |  | ,                      |                                | <del>_ ,</del>                       |                       |
| New Registered Office Address:   |  | Enter Florid           | a street address               |                                      |                       |
|  |  |                        | , Flori                        | da                                   |                       |
|  | City   | y                      | <del></del> -                  | Zip Cod                              | 'e                    |
| New Registered Agent's Signature, if changing Registered A   | Agent:   |                        |                                |                                      |                       |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change. | nplete perfor<br>nt as provide   | mance of med for in Ch | y duties, and<br>apter 605, F. | I am familiar v<br>S. Or, if this do | with and<br>cument is |

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

Type of Action Title Name **Address** AMBR BENIULYTE, RASMA 2132 POINCIANA DROKADO CUEPRNATER, FL 3376 PREMOVE ☐ Change \_\_\_\_\_ □ Remove \_\_\_\_\_ □Remove □Remove \_\_\_\_\_ Remove

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| f an eff<br><u>Note:</u> | ive date, if other than the date of filing:   |
| recor<br>d is fi         | d 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 led. |
| Dated                    | MARCH 4 2624  |
|                          | Signature of a member or authorized representative of a member  |
|                          |   |

Filing Fee: \$25.00