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## **COVER LETTER**

	gistration Sec vision of Corp				
enn leer		Solutions, L.C.			
SUBJECT:	·	Name of Limited Liability Company			
The enclose	ed Articles of /	Amendment and fee(s) are subt	mitted for filing.		
Please retur	m all correspor	ndence concerning this matter	to the following:		
		Albert S. Christiano			
			Name of Person		
		Source One Solutions, LLC		Islame of Person  Firm/Company  Address  State and Zip Code  Ad for future annual report notification)  at (\frac{561}{Area Code}) \frac{843-9867}{Baytime Telephone Number}  55.00 Filing Fee &	
			Firm/Company		
		5959 Coquyt Drive			
			Address		
		Mount Dora, Florida 32757	7		
			City/State and Zip Code		
		alchrisos1@aol.com	18.8.		
For further	information co	ncerning this matter, please ca		ication	
Al Christia	no				
***	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is	a check for th	e following amount:			
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	

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

Source One Solutions, L.C.		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records Limited Liability Company)	<u>.</u>
The Articles of Organization for this Limited Liability Co	ompany were filed on 6/02/1999	and assigned
lorida document number L9900000325	<b>_</b> :	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ted liability company here:	
ource One Solutions, LLC		
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office add <u>ress MUST BE A STREET ADDR</u>	ESS)	, <u>C3</u>
		(35)
		ςς
nter new mailing address, if applicable:		: • • · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		Ca Ca
		* **
. If amending the registered agent and/or regist egistered agent and/or the new registered office addr		. enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	i
		orida
	City	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.

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
AMBR	Judith Christiano	5959 Coquyt Drive, Mount Dora. F	Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
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			□ Remove □ Change
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			Remove
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). If amending any other info	,			
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Defeative data if other than	the dute of filings		(antions	.11
Effective date, if other than (If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the contract of the cont	iis block does not meet the ap	plicable statutory fili	more than 90 days after filing requirements, this da	ng.) Pursuant to 605.0207 (3)( te will not be listed as the
the record specifies a dela b) The 90th day after the		not an effective	time, at 12:01 a.m	n. on the earlier of:
January 5	2018			\$ 18 C
	Ql (V)	Land		ď.
	Signature of a member of	authorized representativ	e of a member	

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Typed or printed name of signee

Filing Fee: \$25.00