

L15000160994

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2015 OCT 19 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Calligosa OCT 20 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Prime Factor, 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:

Paul Labiner, Esq.

Name of Person

Law Office of Paul Labiner

Firm/Company

5499 No. Federal Hwy

Address

Boca Raton, Florida 33487

City/State and Zip Code

paul@plabincresq.com

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

For further information concerning this matter, please call:

Paul Labiner

561 998-2362
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

OCT 19 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Prime Factor, 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 9/22/15 and assigned Florida document number L15000160994

This amendment is submitted to amend the following:

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

PrimeFactor, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9858 Clint Moore ~~Street~~ Road

C-111 #240

Boca Raton, Florida 33496

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DAVID GELLER REVOCABLE TRUST, DAVID GELLER, TRUSTEE	17510 Cadena Drive Boca Raton, Florida 33496	Add
	LYNDA GELLER REVOCABLE TRUST, LYNDA GELLER, TRUSTEE	17510 Cadena Drive Boca Raton, Florida 33496	Add
AMBR			Add
AMBR	DAVID GELLER	17510 Cadena Drive Boca Raton, Florida 33496	Remove
AMBR	LINDA GELLER	17510 Cadena Drive Boca Raton, Florida 33496	Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Add

