

L08000019516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

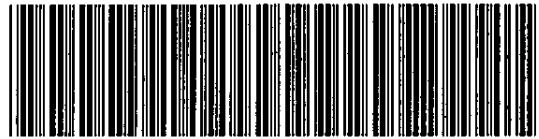
(Document Number)

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11/04/09--01010--009 **25.00

FILED
09 NOV 20 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

NOV - 5 2009

EXAMINED

Handwritten signature/initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2009

PASQUALE PRICE
86 HASTINGS F
WEST PALM BEACH, FL 33417

SUBJECT: THE PRICE FACTOR, LLC
Ref. Number: L08000019516

We have received your document for THE PRICE FACTOR, 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):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. The required reinstatement application, which takes the place of the annual report(s) due, must be submitted online at www.sunbiz.org. Simply click on the blue box entitled "File A Reinstatement Here!," which is located in the middle of our home page.

Once the reinstatement is submitted online, our system will allow you to choose one of three payment options. The three payment options are: 1. online by credit card; 2. online by pre-established Sunbiz E-File account; or 3. by mail with a check or money order. To pay online using a credit card, simply select the credit card option and enter your credit card information. Business entities with pre-established Sunbiz E-File accounts may choose the Sunbiz E-File account option. Entities paying by check or money order must select the check payment option, print the required payment voucher, and mail the check payment voucher with a check or money order made payable to the Florida Department of State for the total amount due.

If you choose to pay the required reinstatement fee(s) online using a credit card or Sunbiz E-File account, please contact me when the reinstatement filing has posted. If you choose to pay the required fee(s) by check or money order, please mail the check payment voucher and check or money order to my attention.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 609A00034924

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Price Factor
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:

Pasquale Price

Name of Person

The Price Factor

Firm/Company

86 Hastings F

Address

West Palm Beach, 33417

City/State and Zip Code

dethcumth@yahoo.com

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

For further information concerning this matter, please call:

Pasquale Price

Name of Person

at (561)

201-2665

Area Code & Daytime Telephone Number

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**

The Price Factor, LCC

(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 02/22/2008 and assigned
Florida document number L08000019516

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

86 Hastings F

(Principal office address MUST BE A STREET ADDRESS)

West Palm Beach, FL., 33417

Enter new mailing address, if applicable:

86 Hastings F

(Mailing address MAY BE A POST OFFICE BOX)

West Palm Beach, FL., 33417

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:

86 Hastings F

Enter Florida street address

West Palm Beach

Florida

33417

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

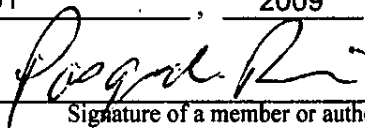
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Ricardo Salmon	228 Chater Way West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Price, Christopher P	2430 SE 25TH DR. OKEECHOBEE, FL 34974	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Price, Christopher P II	2430 SE 25TH DR. OKEECHOBEE, FL 34974	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 11/01, 2009



Signature of a member or authorized representative of a member

Pasquale Price

Typed or printed name of signee