L10000127608

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SECRETARY OF STATION DIVISION OF CORPORATION

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CPENTI, LLC Name of Limited Liability Company
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:
SANTIAGO IZCARAY
SANTIAGO IZCARAY Name of Person i penti, Uc / FACTIBO, LLC Film/Company
10641 SN 77 ++ CT Address
Mam, FL 33156 City/State and Zip Code SIZCA PAY Q YAHOO. COM E-mail address: (to be used for futury annual report notification)
For further information concerning this matter, please call:
Santiagro Franky at (786) 201-8137 Name of Person 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, 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

ARTICLES OF ORGANIZATI	ION
OF	SECRETARY OF CORPORATION
iPENTI, LLC	TO DEC.
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records. DEC 16 PM 12: 52
The Articles of Organization for this Limited Liability Company were filed on \underline{J} Florida document number $\underline{L10000127608}$	DEC 14, 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	re:
FACTION ()C	_
The new name must be distinguishable and end with the words "Limited Liability Comp. "L.L.C."	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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 registered agent and/or the new registered office address here:	our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
	nter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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:

MGRM:	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
·····			Add Remove
			Add Remove
			Add Remove
D. If am	ending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	DI.
			FILED SECRETARY OF STATE VISION OF CHETOTATIO
Dated	DECEMBER 14. 20	<u>)10</u> .	8 9K
	Mating	& Banay	· · · · · · · · · · · · · · · · · · ·
		or authorized representative of a member	
	SANTIAA Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00