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J. LEGGETT

COVER LETTER

		tration Secti ion of Corpo					
SUBJEC		RISKY SOFT	WARE LLC				
SUBJEC	1		Name of Lim	ited Liability Company		 	
The enclo	sed A	Articles of Ar	mendment and fee(s) are sub	mitted for filing.			
Please reti	urn a	ll correspond	ence concerning this matter	to the following:			
			Joel Rauzin				
				Name of Person	-		
				Firm/Company			
			7630 S Woodridge Drive				
				Address			
			Parkland, FL 33067				
		City/State and Zip Code					
			jrauzin@gmail.com				
For furthe	r info	ormation con	e-mail address: (t cerning this matter, please ca	o be used for future annual re	eport notificatio	n)	
Joel Rauz			· ·		-8653		
		Name of Pe	erson	Area Code	Daytime Tele	phone Number	
Enclosed i	is a c	heck for the i	following amount:				
□ \$25.00	0 Fili	ng Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		□ \$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

RISKY SOFTWARE LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L11000119013}{L11000119013}$.	y were filed on October 18, 2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
FACTORIAL ENTERPRISES LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: N/A		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: N/A		16 E
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:		enter the name of the ne
New Registered Office Address:	Enter Florida street address	
	Flor	rida
	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: N/AMGR = Manager AMBR = Authorized Member **Title** Address **Type of Action** Name 1 ☐ Add ☐ Remove Change _□ Add _□ Remove ☐ Change _ 🗆 Add ☐ Remove _□ Change _□ Add ☐ Remove _ Change _□ Add □ Remove _D Add ☐ Remove

□ Change

				
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ective date, if other than the neffective date is listed, the date mute: If the date inserted in this becament's effective date on the I	st be specific and cannot be lock does not meet the a	prior to date of filin pplicable statutory	g or more than 90 days a	ptional) ther filing.) Pursuant to 605 this date will not be liste
record specifies a delaye The 90th day after the re		t not an effect	ive time, at 12:0	1 a.m. on the earlie
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Filing Fee: \$25.00