| (Re                      | questor's Name) |             |  |
|--------------------------|-----------------|-------------|--|
| (Ad                      | dress)          |             |  |
| (Ad-                     | dress)          |             |  |
| (City/State/Zip/Phone #) |                 |             |  |
| PICK-UP                  | ☐ WAIT          | MAIL        |  |
| (Business Entity Name)   |                 |             |  |
| (Document Number)        |                 |             |  |
| Certified Copies         | _ Certificates  | s of Status |  |
| Special Instructions to  | Filing Officer: |             |  |

Office Use Only



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J. SAULSBERRY EXAMINER

MAR 6 2013

## **COVER LETTER**

TO: Registration Section
Division of Corporations

THE MAIN FACTORY 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:

## JUAN L GOMEZ

Name of Person

Firm/Company

1200 BRICKELL AVE Suite 1800

Address

MIAMI, FL 33131

City/State and Zip Code

STAR.TAXES@YAHOO.COM

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

For further information concerning this matter, please call:

JUAN L GOMEZ

ũ954 701-1886

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

□ \$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

| ( <u>Name of the Limited Liability Compar</u><br>(A Florida Limited L  | ny as it now appears on our records<br>liability Company) | .)            |
|--|---|---------------|
| The Articles of Organization for this Limited Liability Company were filed on 02/16/2012  Florida document number L12000025990 |   | and assigned  |
| This amendment is submitted to amend the following:  |   |               |
| A. If amending name, enter the new name of the limited liab  | ility company here:                                       |               |
| The new name must be distinguishable and end with the words "Limit"L.L.C."   | ted Liability Company." the designati                     |               |
| Enter new principal offices address, if applicable:  | 1200 BRICKELL AVE   | 2013 H        |
| (Principal office address MUST BE A STREET ADDRESS)  | Suite 1800  | <b>A</b>      |
|  | Miami, Fl 33149   | 登集 <b>ム</b>   |
| Enter new mailing address, if applicable:  | 1200 BRICKELL AVE   | 0 - 5 MW 9: 0 |
| (Mailing address MAY BE A POST OFFICE BOX)   | Suite 1800  | 5. N          |
|  | Miami, FI 33149   |               |
| (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address here          | Miami, Fl 33149  fice address on our records, en          | ## 2<br>      |

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:

MGR = Manager MGRM = Managing Member Type of Action **Title Address** <u>Name</u> MGR MILENA DUENAS 12216 SW 8 CT ✓ Add PEMBROKE PINES, FL 33025 Remove JUAN L GOMEZ MGR 1121 CRANDON BLVD APT F203 ☐ Add KEY BISCAYNE, FL 33149 ✓ Remove Add Add Remove Add Remove □Add Remove  $\bigcap Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary., ڢ

Typed or printed name of signee

Signature of a member or authorized representative of a member