## L12000124522

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SECRETARY OF STATE

J. BRYAN

NOV 1 9 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of C				
SUBJECT: Fact	s Trader, LLC			
	Name of Limite	d Liability Company		
The enclosed Articles of	f Amendment and fee(s) are subn	nitted for filing.		
Please return all corresp	oondence concerning this matter to	o the following:		
	Lee Stanton			TALLEL PH 1:05
		Name of Person		題ミト
				SEE TO
		Firm/Company		
	690 Bradford	Loop		器。
		Address		P
	The Villages,	FL 32163		
		City/State and Zip Code		
	leestanton@gmai	.com be used for future annual report not	ification)	
For further information	concerning this matter, please cal	,		
LEE STA	NTON	312 610	6746	
Name	of Person	at ( <u>3f2</u> ) 610 ( Area Code & Daytii	ne Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	QS55.00 Filing Fee & Certified Copy	Q\$60.00 Filir Certificate	ig Fee.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Facts Trader, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our rited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Com		
Florida document number L12000124522		
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 "L.L.C."	'Limited Liability Company," the do	signation "LLC" or the abbreviation
		FSF PR
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		95 o M
		图 星 亡
Enter new mailing address, if applicable:		70 ·
(Mailing address MAY BE A POST OFFICE BOX)	n	\$ <b>6</b>
(Madding didness mat be at (AST OFFICE BOA)		P
B. If amending the registered agent and/or registere	ed office address on our recor	ds, enter the name of the new
registered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
Negisleted Office Madess.	Enter Florid	a 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 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>	Address	Type of Action
MGRM	Lawrence Stanton	5940 Beach Dr.	Add
	,	Seattle, WA 98136	Remove
MGRM	Rebecca Everts	39643 Nice Ave.	Add
		Murrieta, CA 92562	Remove
			Add
		TALLANA	Remove
			TADD Add
			Remove
	<del></del>		Add
			Remove
			Add
			Remove

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nted	11-13-12
	X Ju But
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

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