

L13000050951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 10 2013

J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2 FACTORING PARTNERS 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:

BARTON S STROCK

Name of Person

STROCK & COHEN, ZIPPER, FERRER LAW GROUP, P.A.

Firm/Company

2900 GLADES CIRCLE SUITE 750

Address

WESTON FL 33327

City/State and Zip Code

BSTROCK@STROCKLAW.COM

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BARTON S STROCK

Name of Person

954 659-2220

at ()

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

Fed Ex

ADP

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2 FACTORING PARTNERS LLC

(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 APRIL 8, 2013 and assigned
Florida document number L13000050951.

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:

(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 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:

Enter Florida 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

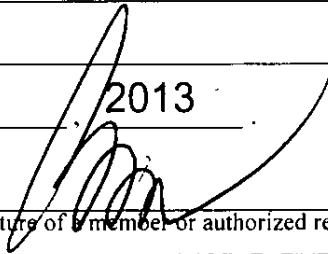
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TORRES NOBOA, ANGEL		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	TORRES SALAZAR, ANGEL ANTONIO	110 E BROWARD BLVD SUITE 1700	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 FALL RIVER, FL 33411

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

Dated **APRIL 29**

2013



Signature of a member or authorized representative of a member

BARTON S. STROCK, AUTHORIZED REPRESENTATIVE FOR ANGEL ANTONIO TORRES SALAZAR

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA**