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2015 JAH 16 P 3: 54

B. BOSTICK

JAN 29 2015

EXAMINER

COVER LETTER

	gistration Sectivision of Corpo			
CHRIST.	Factor Exp	ress LLC		
SUBJECT:		Name of Limit	ted Liability Company	
		nendment and fee(s) are submence concerning this matter t	-	
· .	·	William Seitz, Esq.	,	
			Name of Person	
		Mase Lara, P.A.		
			Firm/Company	
		2601 S. Bayshore Di	r, Suite 800	
			Address	
		Miami, FL 33133		
		wseitz@maselara.cor	City/State and Zip Code	2019
		-	o be used for future annual report notification)	
For further i	nformation con	cerning this matter, please ca	II:	
William S	Seitz		305 377-3770	
	Name of Pe	erson	Area Code Daytime Teleph	one Number CA
Énclosed is	a check for the i	following amount:		
\$25 :00 i	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	1 \$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

Factor Express LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
		4
The Articles of Organization for this Limited Liability Company	were filed on January 7, 201	and assigned
Florida document number L14000003320		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Cheshill Capital LLC		
The new riame must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2730 SW 3rd Ave, Suite	202
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33129	7.0 E
		Emily Comp
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		T)
		i w
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
	-	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			
			□ Remove
			Пр
			Add
			☐ Remove
	S -		< σ ²
			□ Remove
			Add
			Remove

Address of Manager Benjamin Hillman is changed as follows:
2730 SW 3rd Ave, Suite 202, Miami, FL 33129
ctive date, if other than the date of filing: (optional) flective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State)
d,
ten Helman

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Filing Fee: \$25.00

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