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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

	Registration Se Division of Cor			
SUBJECT		Factors, LLC		
Name of Limited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Angela M. Powell		
			Name of Person	
		Recruiting Factors, LLC		
			Firm/Company	······································
		13460 Nottingham Knoll C	Court	
		<u> </u>	Address	
		Jacksonville, FL 32225		
			City/State and Zip Code	100
		angelapowell@mac.com		
		E-mail address: (to be used for future annual report noti	fication)
For further	r information co	oncerning this matter, please ca	all:	
Angela M	. Powell		904 451-0014 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed i	is a check for th	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our re Liability Company)	ecords,)
were filed on 12/18/2014	and assigned
ility company here:	
ity Company," the designation	"LLC" or the abbreviation "L.L.C."
1205 Beach Blvd. Suite 2	
Jacksonville, FL 32250	
13460 Nottingham Knoll C	Court
Jacksonville, FL 32225	
fice address on our rec e:	ords, <u>enter the name of the n</u>
Enter Florida street address	
Citv	, Florida
	ility company here: ity Company," the designation 1205 Beach Blvd. Suite 2 Jacksonville, FL 32250 13460 Nottingham Knoll of Jacksonville, FL 32225 fice address on our recess: Enter Florida street a

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		 	□ Add
			□ Remove
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E. Effective date, if other than the	e date of filing:	rior to date of filing or more than	(optional) 90 days after filing.) Pursuant to 605.0207 (3)
Note: If the date inserted in this be document's effective date on the I	lock does not meet the app	olicable statutory filing requi	rements, this date will not be listed as the
If the record specifies a delaye (b) The 90th day after the rec	ed effective date, but cord is filed.	not an effective time, a	at 12:01 a.m. on the earlier of:
Dated August 8	2015		
angela	m Powe	UL uthorized representative of a me	mbor
(/	signature of a member of at	amonzeu representative of a me	moei

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00