

L150000077519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



500435718715

08/30/24--01017--004 **60.00

FILED
24 AUG 30 AM 5:51
CLERK OF STATE
TALLAHASSEE, FLORIDA



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company

FACTORY DIRECT HOME IMPROVEMENT SALES & SERVICES LLC

Filing Information

Document Number L15000077519
FEI/EIN Number 47-4101885
Date Filed 04/27/2015
State FL
Status ACTIVE

Principal Address

11916 NW SR 45
HIGH SPRINGS, FL 32643

Mailing Address

11916 NW SR 45
HIGH SPRINGS, FL 32643

Registered Agent Name & Address

KRIESEL, ROBERT O
11916 NW SR 45
HIGH SPRINGS, FL 32643

Name Changed: 04/29/2024

Address Changed: 04/29/2024

Authorized Person(s) Detail

Name & Address

Title O

KRIESEL, ROBERT O
11916 NW SR 45
HIGH SPRINGS, FL 32643

Annual Reports

Report Year	Filed Date
2022	08/23/2022
2023	05/01/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Factory Direct Home Improvement Sales & Services
Name of Limited Liability Company LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Kriesel

Name of Person

Firm/Company

11916 NW SR 45

Address

High Springs, FL 32643

City/State and Zip Code

Kriesels2@gmail.com

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

For further information concerning this matter, please call:

Robert Kriesel

Name of Person

at (352) 691-317-6098

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

(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 _____ and assigned
Florida document number _____.

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 contain 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 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

MGR = Manager
AMBR = Authorized Member

MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 26, 2024

Rabuf D Kemp

Signature of a member or authorized representative of a member

Robert Kriese/

Typed or printed name of signee