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(Requestor's Name)
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, ,,
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

Divi	sion of Corp	orations		
SUBJECT:	Factor Marke	eting, LLC		
oobule !.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Thiago Borges		
			Name of Person	
		Factor Marketing, LLC		
			Firm/Company	(
		1408 E. Robinson Street		
			Address	
		Orlando, FL 32801		
			City/State and Zip Code	
		thiagojorgedv@hotmail.cor		
			to be used for future annual report notific	cation)
For further in	formation co	ncerning this matter, please co	all:	
Mia A. Thomas, CPA, CGMA		407 538-6048 at ()		
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	lling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 Marketing, LLC	
(Name of the Limited Liability Compa (A Florida Limited	ony as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000145653</u> .	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1408 E. Robinson Street
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32801
Enter new mailing address, if applicable:	1408 E. Robinson Street
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32801
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	
	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 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>	Address	Type of Action
MGR	R. Lisboa Entretenimento e	427 Ave Govenador Amaral Peixot	Add
	Marketing LTDA	Nova Iguacu, RJ 26210 Brazil	□ Remove
			□ Change
			Add
			Remove
			Change
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			□ Remove
			Olvision Change
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	•		37 Change
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fective date, if other t	han the date of fil	lino:		(o	ptional)	
an effective date is listed, the ote: If the date inserted in	date must be specific	and cannot be prio	r to date of filing or	more than 90 days a	fler filing.) Pursuant to 605	020
ocument's effective date				ing requirements,	this date will not be liste	a a
			ot an effective	e time, at 12:0	1 a.m. on the earlie	r c
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	ne record is file					
The 90th day after t	the record is file	2016				
The 90th day after to		2016	·			
ated	Signature of		·			

Page 3 of 3

Filing Fee: \$25.00