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08/13/18--01008--002 **25.00

AUG 1 6 2018 S. YOUNG



, , . COVER LETTER

* TO: * Registration Division of C				
	R MARKETING LLC			
SUBJECT:	Name of Lim	nited Liability Company	 	
	of Amendment and fee(s) are sub	-		
	THIAGO BORGES			
		Name of Person		•
	FACTOR MARKETING	LLC		
		Firm/Company		•
	546 LAKE SHORE PKW	vy '		
		Address		54. 6
	DAVENPORT / FL / 338	96		AUG T
		City/State and Zip Code		となる。
	SIMONE.HUTTER@HUT	ITERACC.COM to be used for future annual report notif	Seation	
For further information	n concerning this matter, please c		reactory	AH B: 21
	Concerning this matter, prease c			: 21 Riba
THIAGO BORGES		407 6901150	T1 1 11 11 1	-
Name	e of Person	Area Code Daytime	e 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)	Certified	te of Status &
Regi Divi:	ILING ADDRESS: stration Section sion of Corporations Box 6327	STREET/COURI Registration Sectio Division of Corpor Clifton Building	n	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FACTOR MARKETING LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our la Limited Liability Company)	records.)
	Company were filed on 10-12-201	and assigned
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 "LLC." 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:		
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 "L.C." or the abbreviation "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:		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	,	
(Principal office address MUST BE A STREET ADD	RESS)	
		<u>-9</u>
Enter new mailing address, if applicable:		
		93 - c.
		D _A 21
		records, enter the name of the nev
Name of New Registered Agent:	<u>-</u> .	
New Registered Office Address:		
	Enter Florida stree	t 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = ManagerAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GABRIEL MATRAVOLGYI	10182 HART BRANCH CIR	■ Add
		ORLANDO, FL 32832-5912	☐ Remove
			☐ Change
			Add
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THIAGO BONGES	-0		. on the earl	ier o
THIAGO BONGES				
Signature of a member or authorized representative of a member	The 9	3-02-2018		
	The 9			

Page 3 of 3

Filing Fee: \$25.00