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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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2017 APR TO PH 12: 50

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K. SALY APR 11 2017

COVER LETTER

TQ:	Registrat Division	tion Section of Corpora	n ations			
SUBJE	ECT:	FACTO	RY DIRECT PROD	OUCTS USA, LLC		
5			Name of Lim	nited Liability Company		
The en	closed Artic	les of Amo	endment and fee(s) are sub	mitted for filing.		
Please	return all co	огтекропфе	nce concerning this matter	to the following:		
			HENR	Y N. HALL III		
		•		Name of Person		
		-	FACTOR	Y DIRECT PROD	UCTS USA, LLC	
				Firm/Company		
			7.7	2634 TAFT A	VENUE	
		_		Address		
			o	RLANDO, FL	32804	
				City/State and Zip Code		
			hhall	.fdfp@gmail.co	om	
					report nouncation)	
For fur	ther informa	ation conce	ming this matter, please ca	all:		
		X N . I Name of Pen	HALL III	at (407) Area Code	250.4336 Daytime Telephone Number	
Enclose	ed is a checl	k for the fo	llowing amount:			
X \$25	5.00 Filing F	Fee D	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is end	Certificate of	Status &

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

2017 APR 10 PM 12:50 FACTORY DIRECT PRODUCTS USA, LLC (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 January 26th, 20th assigned Florida document number __ L17000021389 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: Henry N. Hall III Name of New Registered Agent: 2634 Taft Avenue New Registered Office Address: Enter Florida street address Orlando Florida

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.

Page 1 of 3

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KRISZTINA HALL	2634 Taft Avenue	D Add
		Orlando, FL 32804	₩ Remove
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Effective da	ate, if other than the date of filing: (optional) 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	605.020°
	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records.	listed as
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ean had after the record is filed.	rlier o
Dated Mar	rch 6, 2017	
	7/ 2/ 2/	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00