

L17000041303

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(Address)

(Address)

(City/State/Zip/Phone #)

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Amend

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DIVISION OF CORPORATIONS
2017 JUN 12 AM 8:50

N. CAUSSEAU

JUN 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FactForce LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Robert K Patterson

Name of Person

FactForce LLC

Firm/Company

13 Leeward Island

Address

Clearwater, Florida 33767

City/State and Zip Code

rpatterson@factforce.com

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

For further information concerning this matter, please call:

Robert K Patterson

727 439 6442
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FACTFORCE 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 02/21/2017 and assigned
Florida document number L17000041303.

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:

1349 Dartford Drive

(Principal office address MUST BE A STREET ADDRESS)

Tarpon Springs, Florida 34688

Enter new mailing address, if applicable:

1349 Dartford Drive

(Mailing address MAY BE A POST OFFICE BOX)

Tarpon Springs, Florida 34688

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:

Robert K Patterson

New Registered Office Address:

1349 Dartford Drive

Enter Florida street address

Tarpon Springs

Florida 34688

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.


Robert K Patterson
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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Patricia D Patterson	1349 Dratford Drive	<input type="checkbox"/> Add
		Tarpon Springs, FL 34688	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Deborah L Cook	325 Midway	<input type="checkbox"/> Add
		Clearwater, FL 33767	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert K Patterson	1349 Dratford Drive	<input type="checkbox"/> Add
		Tarpon Springs, FL 34688	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robert K Patterson	1349 Dartford Drive	<input checked="" type="checkbox"/> Add
		Tarpon Springs, FL 34688	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Robert K Patterson

Typed or printed name of signee