

L17000087996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
17 MAY - 9 AM 2:12
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
17 MAY - 8 AM 11:26

MAY 09 2017

Y SULKER

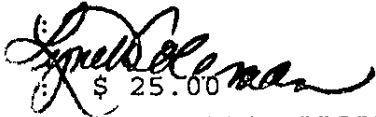
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 629230 8134694

AUTHORIZATION

COST LIMIT


\$ 25.00

ORDER DATE : May 5, 2017

ORDER TIME : 9:43 AM

ORDER NO. : 629230-010

CUSTOMER NO: 8134694

DOMESTIC AMENDMENT FILING

NAME: FACTION 44 DESIGN LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS: _____

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FACTION 44 DESIGN 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:

CHRISTOPHER A. HOUP

Name of Person

FACTION 44 DESIGN LLC

Firm/Company

2026 Rob Way

Address

Tallahassee, FL 32303

City/State and Zip Code

chrishoup@gmail.com

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

For further information concerning this matter, please call:

CHRISTOPHER HOUP

Name of Person

at (850)

Area Code

879-5751

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FACTION 44 DESIGN LLC

The Articles of Organization for this Limited Liability Company were filed on 04-20-2017 and assigned Florida document number L17000087996

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

2026 ROB WAY

(Principal office address MUST BE A STREET ADDRESS)

TALLAHASSEE, FL 32303

Enter new mailing address, if applicable:

2026 ROB WAY

(Mailing address MAY BE A POST OFFICE BOX)

TALLAHASSEE, FL 32303

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

Cin.

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

17 MAY 1980
MILWAUKEE, FLORIDA

STILL
ALBANY

17 MAY - 5 AM EST
ALLANPOSTER, 7 LOI

(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.

Filing Fee: \$25.00