## 118000177804

(Req	uestor's Name)	
(Addi	ress)	
(Adda	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



200338267002

12/26/19--01017--006 \*\*60.00

2019 DEC 26 PM 12: 47 SECRETURY (2. STATE SECRETURY (3. SE, FL.

O SIMMONS JAN 25 2020

TO: Registration Section of Control	ection d' : rporations		
The	Escape Factor LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	Curtis Ratliff Jr		
		Name of Person	
	The Escape Fact	or I.I.C	
		Firm/Company	<del></del>
	1317 Waterford	Oak Dr. #106	
		Address	· · · · · · · · · · · · · · · · · · ·
	Orlando, FL 328	328	
	<del></del>	City/State and Zip Code	
	cratliffescapes@g		
	E-mail address: (	to be used for future annual report not	tification)
For further information of	concerning this matter, please c	all:	
Curtis Ratliff Jr		239 645-1855	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addre	<u>55:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Escape Factor LLC			
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appe ited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on _	July 24, 2018	and assigned
Florida document numberL18000177804			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	here:	
Escape Ventures Orlando 1.1.C			s <b>2</b>
The new name must be distinguishable and contain the words "Limited I	Liability Company," the	designation "LLC" or th	<u> </u>
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	5)		五治 28 [
	<u> </u>		SS - 11
Enter new mailing address, if applicable:			日 AISI AISI AISI
(Mailing address MAY BE A POST OFFICE BOX)			E
	<u> </u>		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	nce address on our	records, enter the n	ame of the new registered
Name of New Registered Agent:	<del></del>		
New Registered Office Address:			
	Enter Fi	orida street address	
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Registe	<u>ent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and come	_		

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 **Title** Address Name **Type of Action** \_\_\_\_ □Add SECRETAR OF STATE TALL A HASSEE, IL □Add □Remove \_\_\_\_\_ □Add \_\_\_\_\_ Change \_\_\_\_\_ □Add \_ DRemove \_\_\_\_\_ Change \_\_ 🗆 Remove \_\_\_\_\_ Change

							<del></del>	
		<del></del>						
_			•					
						S	20	
						ALL	20 <b>19</b> DEC	
						TARY OF AHASSET	$\sim$	
	-							i
					<del> </del>	<u> </u>	P# 12: 147	ļ
					<del></del>	<del></del>		
<del></del>								
_			<del></del>			•		
<u></u>	·				<del></del>	· · · · · · · · · · · · · · · · · · ·		
		<u> </u>	<del></del>					
	e date, if other than th	ust be specific and	cannot be prior to	o date of filing or r	nore than 90 days at	otional) fter filing.) Pursuant this date will not b	to 605.02 e listed a	07 ( as t
lfan effed <u>Note:</u> I	ctive date is listed, the date m f the date inserted in this in this effective date on the	Department of S	tate's records.	ore statutory min	. ,			
If an effect Note: It documents to the control of t	f the date inserted in this int's effective date on the specifies a delayed effect	Department of S	tate's records.			(b) The 90th day	y after th	e
If an effect Note: If document of the record	f the date inserted in this int's effective date on the specifies a delayed effect	Department of S	tate's records.			(b) The 90th day	y after th	ι <b>e</b>
If an effect Note: It document	f the date inserted in this int's effective date on the specifies a delayed effect d.	ve date, but not	tate's records.  an effective tim	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th day	y after th	ιė

Filing Fee: \$25.00