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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: FAC	TORY 28 LL (ited Liability Company	
The enclosed Articles of Articles	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Deena Sca	Name of Person	
		Firm/Company	
	3062 Beach	Blvd S Address	
	Gulfport, F deenascagli	City/State and Zip Code One @ gmail. to be used for future annual repor	COM
For further information con	cerning this matter, please ca	·	,
Deena Scac	lione	at (<u>813</u>) <u>81</u> Area Code D	7 - 2150 aytime 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

TO ARTICLES OF ORGANIZATION OF

FACTOYY 28 LLC (Name of the Limited Liability Compar (A Florida Limited L.)	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000196639</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
HOIVEROSS GROUD LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.I.C" or the abbreviation "IIC."
Enter new principal offices address, if applicable:	3062 Beach Blvd S
(Principal office address MUST BE A STREET ADDRESS)	Gulfport, FL 33707
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3062 Beach Blvd S Gulf Port, Fl. 33707
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	SEP -
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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

Authorized Persons or removed from our records: Address Change as Written below MGR = Manager AMBR = Authorized Member Address **Type of Action** Title Name SCAGLIONE DEENA M 3062 Blach Blvd S DAdd MAR Gulfport, FL 33707 ____Change 3062 Blach Blvd S DAdd MGR HOLYCROSS, COREY A Gulfport, Fl 33707 Change _□ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

Change

~ ~	
litec fan e	effective date, if other than the date of filing: (optional) (optional) 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
Note:	: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
The	e 90th day after the record is filed.
The	e 90th day after the record is filed.
The	e 90th day after the record is filed.
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The	e 90th day after the record is filed.

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Filing Fee: \$25.00