

3/18/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FACT OR FICTION CLOTHING LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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MAR 19 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FACT OR FICTION CLOTHING 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

Cheyenne Moseley

Name of Person

Legalzoom com, Inc

Firm/Company

101 N Brand Blvd , 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

info@factorfictionclothing.com

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

For further information concerning this matter, please call

Cheyenne Moseley

at (800) 773-0888 ext 9724

Name of Person

Area Code

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
19 MAR 18 AM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FACTOR FICTION CLOTHING 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 01/29/2019 and assigned
Florida document number L19000029654

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 end with 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:

Name of New Registered Agent

New Registered Office Address

Enter Florida street address

City Florida 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Joshua M. Michael	8570 Stirling Rd., Suite 102-325	<input type="checkbox"/> Add
		Hollywood, FL 33024	<input checked="" type="checkbox"/> Remove
AMBR	Joshua M. Michael	8570 Stirling Rd., Suite 102-325	<input type="checkbox"/> Add
		Hollywood, FL 33024	<input checked="" type="checkbox"/> Remove
MGR	Joshua Goldberg	8570 Stirling Rd., Suite 102-325	<input checked="" type="checkbox"/> Add
		Hollywood, FL 33024	<input type="checkbox"/> Remove
MGR	Joshua Goldberg	8570 Stirling Rd., Suite 102-325	<input checked="" type="checkbox"/> Add
		Hollywood, FL 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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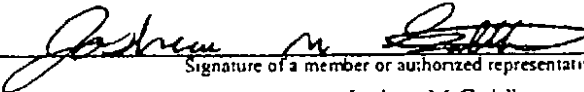
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 15, 2019



Signature of a member or authorized representative of a member

Joshua M Goldberg

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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