## L19000194796

(Requestor's Name)	
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(City/State/Zip/Phone #)	
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## **COVER LETTER**

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Fa SUBJECT:	r actorial Gro	oup LLC	Cig			
		Name of Lin	nited Liability Company			
The enclosed A	rticles of A	mendment and fee(s) are sub	omitted for filing.			
Please return al	l correspond	dence concerning this matter	to the following:			
		Michael Katana				
			Name of Person	<del></del>		
		Factorial Group LLC	7. <u>2.10</u> 07.1 0.30vii			
			Firm/Company			
	Firm/Company 1951 NW 7th Ave. Suite 600  Address Miami FL, 33136					
			Address	<del></del>		
		Miami FL, 33136				요 왕 3
		mike@factorialgrp.com	City/State and Zip Code		93EP	10.T 교육
		E-mail address: (	to be used for future annual report notific	ation)	12	がi これごご
For further info	rmation con	cerning this matter, please c	all:		PH 12:	0880 0880
Micheal Katana			619 5649560 at ()		G : 5	TATE RATIO
	Name of P	erson	Area Code Daytime	Felephone Number	-	12. 10.
Enclosed is a ch	eck for the	following amount:				
□ \$25.00 Filin	ig Fec	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of St Certified Copy (additional copy is o	atus &	

**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



September 7, 2019

MICHAEL KATANA FACTORIAL GROUP LLC 1951 NW 7TH AVE., SUITE 600 MIAMI, FL 33136

SUBJECT: FACTORIAL GROUP LLC

Ref. Number: L19000194796

We have received your document for FACTORIAL GROUP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You are missing the 3rd page of the application with the signature of the authorized representative. Please complete the attached page and return it so I can process your amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 819A00018427

Diane Cushing
Senior Section Administrator

www.sunbiz.org

TO DO DOM OUT TO

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Factorial Group LLC		
(Name of the Limited Linbi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
he Articles of Organization for this Limited Liability	Company were filed on 7/30/2019	and assigned
lorida document number L19000194796		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	
ne new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<b>19</b>
rincipal office address MUST BE A STREET ADD	RESS)	<u>の</u>
		7 Table
nter new mailing address, if applicable:		PHI2: 10
failing address MAY BE A POST OFFICE BOX)		100 110
		- in
If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:	stered office address on our records, <u>en</u> i <u>ress here</u> :	ter the name of the n
New Registered Office Address:	Enter Florida street address	
	, Florida	•
<del></del>	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

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> MGR	Name BCHLF LLC	Address  9595 E. Thunderbird Rd #2120 Scottsdale, AZ 85260	Type of Action
			■ Remove
MGR	Michael Katana	9595 E. Thunderbird Rd #2120	☐ Change
		Scottsdale, AZ 85260	
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ective date, if other than effective date is listed, the date te: If the date inserted in the nument's effective date on t	is block does not meet	the applicable str	of filing or more than state of the state of	(optional) O days after filing.) Pursi ments, this date will n	uant to 605.0207 tot be listed as
record specifies a del he 90th day after the		≥, but not an ∈	- ffective time, a	t 12:01 a.m. on th	ne earlier of
ed <u>8/21</u>		019			
Michael?	Signature of a men	ber or authorized re	presentative of a men	ıber	···

Page 3 of 3

Filing Fee: \$25.00