L21000249966

| (Requestor's Name) | |
|---|----|
| (Address) | 60 |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration So Division of Con | | | |
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| LF Factor I | LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Laura Correa | | |
| | | Name of Person | |
| | LF Factor LLC | | |
| | | Firm/Company | |
| | 1790 NW 124th Way | | |
| | | Address | |
| | Coral Springs, FL 33071 | | |
| | | City/State and Zip Code | |
| | laura.correa08@gmail.com | | |
| For further information of | e-mail address: (concerning this matter, please c | to be used for future annual report notifall: | ication) |
| Laura Correa | | 305 336-4664 | |
| Name o | of Person | Area Code Daytime | 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) |
| <u>Mailing Addre</u> Registration | | <u>Street Address:</u> Registration Sec | ction |
| Division of C | Corporations | Division of Corp | porations |
| P.O. Box 632 Tallahassee, | | The Centre of Ta | allahassee : Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 SEP 20 PM 3: 13

LF Factor LLC

(Name of the Limited Liability Company as it now appears on our record SECRETARY OF STATE (A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000249966</u> . | were filed on 05/28/2021 | and assigned |
|---|------------------------------|--------------------------------------|
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity Company," the designatio | n "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 a agent and/or the new registered office address here: | ddress on our records, | enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| Enter Florida street address | | address |
| | | , Florida Zip Code |
| | 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 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> | Address | Type of Action |
|--------------|-------------------|-------------------------|----------------|
| Mgr | Marcela A Morales | 1790 NW 124th Way | |
| | | Coral Springs, FL 33071 | □Remove |
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| fective date, if other than the | | 09/13/2021 | | | _ | |
| on effective date is listed, the date muote: If the date inserted in this bocument's effective date on the E | ist be specific ar lock does not | nd cannot be prior to meet the applica | o date of filing or m ble statutory filin | option (option) (opti | tiling (Purguant to 60) | 5,0207 ed as i |
| record specifies a delayed effectivis filed. | e date, but no | st an effective tir | ne, at 12:01 a.m. (| on the earlier of: (b |) The 90th day after | r the |
| September 13 | | 2021 | | | | |
| ited | | · | _ • | | | |

Typed or printed name of signee