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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:__

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FACTCO LLC

- TACTEO. TAC		
(Name of the Cimited Limbility Compa (A Florida Limited !	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number L22000282516		
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 Liabifi	ty Company," the designation "LLC" or the	o abbreviation "L.1. C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
_ ; <u></u>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad		2027
agent and/or the new registered office address here:	dress on our records, enter the n	ame of the new registered
The state of the s		э .
		11.F
Name of New Registered Agent:	·	~ ~ ~
New Registered Office Address:	-	<u>ــــــــــــــــــــــــــــــــــــ</u>
,	Enter Florida street address	ω

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.

Cirv

Florida

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	Name	Address	Type of Action
MBR	CATHY FACTOR	2800 NE 29TH STREET	□ Add
		LIGHTHOUSE POINT, FL 33064	
			_
			
			□Change
			□Add
			©Remove
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ffective date, if other than the an effective date is listed, the date munifier. If the date inserted in this becament's effective date on the D			iling or more than 90 di ory filing requireme	_(optional) ays after filing.) Pursuant ots, this date will not b	ω 605.0207 be listed as
ecord specifies a delayed effective is filed.	e date, but not an eff	ective time, at 12:	01 a.m. on the earlie	r of; (b) The 90th day	y after the
February 15th	. 202	<u> </u>			
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