Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Fmail	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EXPANSION FACTORY LLC**

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	······································
The Articles of Organization for this Limited Liability Company w Torida document number L22000384322	ere filed on 08/31/22	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the a	obbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office ad gent and/or the new registered office address here:	dress on our records, enter the <u>nar</u>	ne of the new regi
generality of the new registered office address here.		2022 Sec.
Name of New Registered Agent:		SKE
Name of New Registered Agent.		50 Et = 7
New Registered Office Address:	Enter Florida street address	SE 60 F
	enter r toriau street adaress	国家品
	, Florida _	ည့္ ယ္
	City	Zip Codo

New Registered Agent's Signature, if changing Registered Agent:

Expansion Factory LLC

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
AMBR	Ivan Martin Merchan Teran	7901 4th St N STE 300	X Add
		St. Petersburg, FL 33702	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
	4		□Add
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	does not meet the applic	cable statutory filing re	(optional) than 90 days after filing.) Pu quirements, this date wil	rsuant to 605.0207 (3)(i I not be listed as the
he record specifies a delayed effective da ord is filed.	ate, but not an effective t	ime, at 12:01 a.m. on t	he earlier of: (b) The 9	Oth day after the
Dated September 16	<u>2022</u> 	·		
Dated				

Filing Fee: \$25.00