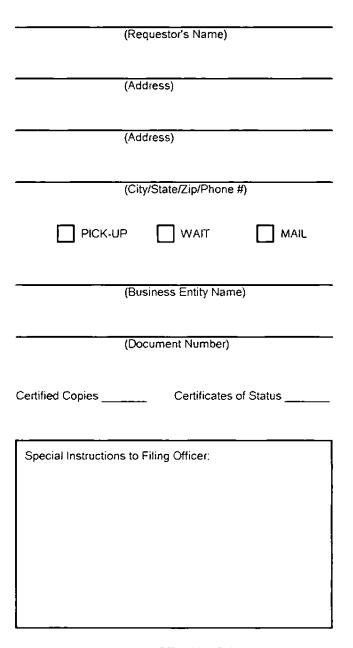
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R. WHITE. FEB 17 2020

## **COVER LETTER**

	ration Sect n of Corpo				
	CP365 LLC				
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all	correspon	dence concerning this matter	to the following:		
		KHAALIDA JONES			
			Name of Person		
		LEGRAND FINANCIAL	SERVICES		
<del>-</del>			Firm/Company		
		955 ANNA ST			
			Address		
		ELIZABETH, NJ 07201			
		<u> </u>	City/State and Zip Code		
		KJONES955@OPTONLIN			
For further infor	mation co	E-mail address: ( neerning this matter, please c	to be used for future annual report notall:	tification)	
KHAALIDA JO	ONES		908 353-8807		
	Name of I	Person	Area Code Daytir	ne Telephone Number	
Enclosed is a ch	eck for the	following amount:			
■ \$25.00 Filir	ng Fee	S30.00 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:		Street Address:	ection		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
Tallah	nassee, F	L 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

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

2020 J 21 PH 2: 16

EXP 365 LLC

( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on JANUARY 3, 2020	and assigned
Florida document number L20000009953		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
EXP365 LLC		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
77		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
		6.1
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the	name of the new regi
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	aZip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
—— I hereby accept the appointment as registered agent and a	erree to act in this capacity. I furthe	r agree to comply wi
provisions of all statutes relative to the proper and comple	ete performance of my duties, and I	am familiar with an

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
N/A			🗀 Add
			□Remove
			Change
			□Remove
			Change
			□Remove
			Change
			□Remove
			☐ Change
		<u> </u>	□Add
			□Remove
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			Remove
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N/A 	<del></del>			_
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ee or a real of all of	l A. of Ciliana		(antianal)	
ffective date, if other than the can effective date is listed, the date must	be specific and cannot be prior	r to date of filing or more th	an 90 days after filing.) Pursuant to	605.0207
Note: If the date inserted in this bloocument's effective date on the De	ck does not meet the applic	cable statutory filing req	prirements, this date will not be	listed as
ocament's effective date on the Dep	fartificity of State 8 records	•		
record specifies a delayed effective	data but not an effective t	ime at 12:01 a.m. on th	w earlier of: (b) The 90th day:	after the
d is filed.	date, but not an effective t	ime, at 12.01 a.m. on a	e carrier (ii. (ii) The your day (	ancer the
JANUARY 16 Dated	2020	·		
	1 2.	<u> </u>		
To	Signature of a member or auth		·	-
	signature of a member or auth	iorized representative of a	member	
PIERTUS ESPERIENCE				
		ted name of signee		_

Filing Fee: \$25.00