## 11000055298

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EXAMINER



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10 JUL 29 PHI2: 15

## **COVER LETTER**

TO: Registration So Division of Co						
SUBJECT:	360 Vent	ure Group, LLC				
		ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
		Fonda L. Herrick				
	1	Name of Person				
	360 Venture Group, LLC					
		Firm/Company				
		P.O. Box 20706				
		Address				
		Tampa FL 33622				
		City/State and Zip Code				
	E-mail address: (1	errick88@gmail.com to be used for future annual report notifica	tion)			
For further information	concerning this matter, please c	all:				
For	nda L. Herrick	at ( 813 ) 40	66-3261			
Name o	of Person	at ( <u>813</u> ) 466-3261  Area Code & Daytime Telephone Number				
Enclosed is a check for t	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

360 Vel (Name of the Limited Liability (A Florida L	nture Group, LLC Company as it now appea imited Liability Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited Liability Conference L10000055298	ompany were filed on	May 21, 2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compa	any," the designation	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			<del></del>
(Principal office address MUST BE A STREET ADDR	(ESS)		<b>D</b> .
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			JUL 29 PHIZ:
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Eı	nter Florida street aa	ldress
		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Registere	d 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Frank Doganiero	202 Windward Passage Drive #611 Clearwater FL 33767	Add Remove
			Add Remove
		7	Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
	July 28	2010	<del>-</del>
Dated	Signature of a n	2010  Ada Laurick  nember of a member	
	Signature of a fi	Fonda L. Herrick	
		Typed or printed name of signee	

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Filing Fee: \$25.00