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(Re	questor's Name)	
· (Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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PALLAHASSEE FINSTIN

JUN 28 2013

COVER LETTER

Division of Co			
SUBJECT:	180	DEGREES	SOUTH, LLC
	Name of Lim	lited Liability Company	t
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Ernes</u>	1 Tautkus Name of Person	
		degreed SouTh	r, llc
	5	1 Jerone Road Address	
	Uncasv	Olle, CT 06387 City/State and Zip Code	3
	E-mail address: (City/State and Zip Code UTKUS C Not You to be used for future annual report notif	Cacl Com
For further information of	concerning this matter, please c		
Name o	of Person	at () Area Code Daytime	e Telephone Number 30 N 2
Enclosed is a check for t	he following amount:		En A
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

180 dogrees	y South	
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records Limited Liability Company)	<u>i.</u>)
The Articles of Organization for this Limited Liability Co	, · · ·	g and assigned
Florida document number <u>L (60000936</u>	220	
This amendment is submitted to amend the following:	W16000028455	
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
		2016 ALL
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		A57 2
1		
B. If amending the registered agent and/or regist		, enter the name of the new
registered agent and/or the new registered office addr	ress here:	DA 6 0
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flo	rida
- 1	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 Changing Registered Agent, Signature of New Registered Agent

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 = Ma AMBR = Au	nager thorized Member		
Title	<u>Name</u>	Address	Type of Action
Ambr	Kerry Blomberg	51 Jerone Road Uncasville et 06382	Add
		UNCOSNIC CT	Remove
			Change
			🗆 Add
			□ Remove
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Page 3 of 3

Filing Fee: \$25.00