

L16000083620

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DEPT OF STATE
TALLAHASSEE, FLORIDA

16 JUL 21 AM 11:02

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JUL 22 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 180 Degrees South, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ernest Tautkus
Name of Person

180 Degrees South, LLC
Firm/Company

51 Jerome Road
Address

Vincennes CT 06392
City/State and Zip Code

etautkus@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kerry Blomberg at (763) 218 2095
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 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:
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 Degrees South, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/2/16 and assigned Florida document number L16000083626

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City Florida 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	Nelson Huy NH	3100 S. Federal hwy Suite B	<input checked="" type="checkbox"/> Add
		Delray Beach FL 33483	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Rose FUNG	3100 S. Federal hwy Suite A	<input checked="" type="checkbox"/> Add
		DELRAY BEACH, FL 33483	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	NATACHA FURLAN	9935 Grosalia Ave	<input checked="" type="checkbox"/> Add
		La Mesa, CA 91941	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Tim Hall	5507 N. Military Trail Suite #404	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33496	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
16 JUL 24 AM 10:02
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19 JUL 21 AM 11:00
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FALL HESSEE, FLORIDA

16 JUL 21 AM 11:08
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: 7/10/16 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 7/10/16 _____

Signature of a member or authorized representative of a member

ernest TAVTAKUS

Typed or printed name of signee