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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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SLORE TARY OF STATE TALLAHASSEE, FLORIDA

2011 SEP 16 AM 8: 58

J. SAULSBERRY EXAMINER

SEP 1 9 2011

· · · · · · · · · · · · · · · · · · ·	FLORIDA DEPA	ARTMENT OF ST	ATE	Nº 9-16-	01514
RECEIVED FROM: ————————————————————————————————————	on Warning	NOOT Dollars \$	60. tick o	00 f Ame	Any
<u>-</u>	DÓS-4500453-1009 DEPOSIT ONLY 80: 09/16/1101013-	Hang	<u></u>	for Secre	tary of State
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THIS MONEY PAID INTO THE STATE TREASURY

All receipts issued and papers filed subject to clearing and final payment of remittance check.

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 7	hree5 two L	LC ited Liability Company	
-			
-	Amendment and fee(s) are su	•	
Please return all correspo	ndence concerning this matte	r to the following:	
	JASON	MARNICK Name of Person 5 +wo, LLC Firm/Company	
	Three	5 two, LLC	
	6740	SE VALL ST	
	Bellevier	Address FL 34420 City/State and Zip Code City/State and Zip Code City State and Zip Code Code	
	352 cush	lors & Graf	
For further information co	oncerning this matter, please	call:	
		at (352) 789 -445 Area Code & Daytime Telepl	
Name o	f Person	Area Code & Daytime Telepl	hone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)]\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIER AE Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	EP 16 TARY NASSEE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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31,50	MISTON OF THE PROPERTY OF THE	
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	1000	1975.
rds.)		~@

Three 5 two LL	-L	· ORICA
Three 5 two LL (Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on ted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 09000 1706 8</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
352 custom world, LLC The new name must be distinguishable and end with the words "		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	5721 SE	Absh.6-Blod
(Principal office address MUST BE A STREET ADDRESS	Belleview	Abshur Blud FL 34420
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5721 SE Bellevien	Abshler Blud PL 34420
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter F	orida street address
		, Florida
	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 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

Page 1 of 2

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 Title Type of Action Name **Address** Add Remove ☐ Add Remove ☐ Add Remove _ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member ASON WARNICK
Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00