

L09000078930

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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FEB 29 2016

S MASON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARTBAKED 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:

Santos Garcia

Name of Person

GS 360 LLC

Firm/Company

18754 SW 28th Court

Address

Miramar/FL 33029

City/State and Zip Code

santosg\_gs360@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Santos Garcia

954

494-2157

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  
Citron Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

TO  
ARTICLES OF ORGANIZATION  
OF

GS 360 LLC

Art Baked 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 Florida and assigned  
Florida document number L09000078930.

This amendment is submitted to amend the following:

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

GS 360 LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

18754 SW 28th Ct

Miramar/FL 33029

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

Florida

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

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FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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☐ Change

☒ Add

☐ Remove

☐ Change

Lined area for document content.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

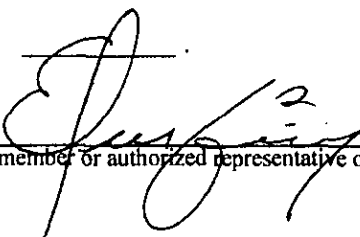
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 02-24-2016

  
\_\_\_\_\_  
Signature (of a member or authorized representative of a member)  
SANTOS GARCIA  
\_\_\_\_\_  
Typed or printed name of signee

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CLERK OF STATE  
TALLAHASSEE, FLORIDA