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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
		—
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor			
su в јест: <u>23(</u>	00, ==0	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mai Stad		
	Tropical Me	Firm/Company	2000
	218 commer	cial Blvd Ste	106
	Landerdale	By The Sea, FL City/State and Zip Code	- 3330 g
	Maistadler E-mail address:	to be used for future annual report notifi	- 3330 % ES JAN 27
For further information c	oncerning this matter, please c	all:	PH
Probie Syname of	Person	at (<u>561</u>) <u>617</u> . Area Code Daytime	3440 57 Telephone Number 57
Enclosed is a check for the	ne following amount:		
\$\frac{1}{94}\$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)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	tion
Division of C		Division of Corr	

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTIC	LES OF ORGA	INIZATION	
	OF		
(Name of the Limited L	LC Liability Company as it is Plorida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liabi Florida document number <u>L 3000076</u>		led on 5/28/20	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the			
5hy 360 by the F	CUCN LL s "Limited Liability Comp	nany," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address h		on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
			54 .
-	Ciņ	, Flori	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>	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			∏ Change

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`an effecti lote: If	date, if other than the date of filing:	0207 d as
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
	January 12. 2022.	
Pated		
Dated	Signature of a member of arthorized representative of a member	