114000084207

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ddress) | |
| (Ad | ddress) | |
| (Ci | ity/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | usiness Entity Nai | me) |
| (Di | ocument Number) |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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APROGRAM J. HARRIS

COVER LETTER

| TO: Registration S Division of Co | | |
|-----------------------------------|---|--|
| ADVISO. SUBJECT: | RS 360 LLC | |
| SUBJECT: | Name of Limited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are submitted for filing. | |
| Please return all corresp | condence concerning this matter to the following: | |
| | SERGIO FERNANDEZ | |
| | Name of Person | |
| | ADVISORS 360 LLC | nd fee(s) are submitted for filing. ming this matter to the following: FERNANDEZ Name of Person S 360 LLC Firm/Company 77TH AVENUE SUITE 330 Address L 33156 City/State and Zip Code COMPASSADVISORY.COM E-mail address: (to be used for future annual report notification) matter, please call: at (305 7795909 at (400) Area Code Daytime Telephone Number mount: iling Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, |
| | Firm/Company | |
| | 9990 SW 77TH AVENUE, SUITE 330 | |
| | Address | 0.00 Filing Fee, |
| | MIAMI, FL 33156 | |
| | City/State and Zip Code | |
| | SERGIO@COMPASSADVISORY.COM | |
| | E-mail address: (to be used for future annual report notification) | |
| For further information | concerning this matter, please call: | |
| SERGIO FERNANDE | | |
| Name | | |
| Enclosed is a check for | the following amount: | |
| ■ \$25.00 Filing Fee | Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy | Status & |

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

| ADVISORS 360 LLC | | |
|---|--|--|
| (<u>Name of the Limited Liability C</u> (A Florida Lin | Company as it now appears on our record nited Liability Company) | <u>(s.</u>) |
| The Articles of Organization for this Limited Liability Com Florida document number L14000084207 | pany were filed on | and assigned |
| | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES) | | " or the abbreviation "L.L.C." |
| Enter new mailing address, if applicable: | | 17 APF |
| (Mailing address MAY BE A POST OFFICE BOX) | | 立 。 - ここここここここここここここここここここここここここここここここここここ |
| B. If amending the registered agent and/or register | red office address on our record | ls, enter the name of the new |
| registered agent and/or the new registered office addres | s here: | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addre | iss |
| | , F | lorida |
| | 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 = Manager AMBR = Authorized Member

3

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------------------------|-----------------------------|----------------|
| MGR | SERGIO FERNANDEZ | 9990 SW 77TH AVENUE, SUITE: | ■ Add |
| | | MIAMI, FL 33156 | □ Remove |
| | | | ☐ Change |
| MGR | MONICA C. HINOSTROZA | 9990 SW 77TH AVENUE SUITE : | |
| | | MIAMI, FL 33156 | Remove |
| | | | ☐ Change |
| MGR | SERGIO FERNANDEZ TRUST | 9990 SW 77TH AVENUE , SUITE | |
| | | MIAMI, FL 33156 | Remove |
| | | | Change |
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| Effectiv | ve date, if other than the date of filing: ctive date is listed, the date must be specific and c | annot be prior to date of | filing or more than 90 days | optional) | ነፍ በኃስታ / |
| Note: I | f the date inserted in this block does not me nt's effective date on the Department of Sta | et the applicable stati | atory filing requirements | , this date will not be lis | sted as t |
| he reco | ord specifies a delayed effective da 90th day after the record is filed. | te, but not an eff | fective time, at 12: | 01 a.m. on the earl | ier of: |
| Dated _ | 03/22 | 2017 | | | |
| | | | | | |
| | | | | | |
| | Signature of a me | ember or authorized rep | resentative of a member | | |

Page 3 of 3

Filing Fee: \$25.00