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COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Co			
	ant Solutions C.A.P., LLC		•
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Ernest W. Sturges, Jr., Esq		
		Name of Person	
	Goldman, Tisco & Sturges.	, P.A.	
		Firm/Company	
	701 JC Center Court, Suite	3	
		Address	
	Port Charlotte, FL 33954		
		City/State and Zip Code	 -
	esturges@gtslawfirm.com		Section)
For further information	e-mail address: (i	to be used for future annual report noti	neation)
	-		
Ernest W. Sturges, Jr., F	at ()		
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Se	
Division of O P.O. Box 63	Corporations 27	Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

360 Merchant Solutions C.A.P., 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 June 6, 2014 and assigned Florida document number <u>1.14000091547</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 360 Make It Plumb, LLC 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 J Florida

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.

Cin

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
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fective date, if other than the d n effective date is listed, the date must be te: If the date inserted in this bloc cument's effective date on the Dep	be specific and cannot ck does not meet the	applicable statu			
ecord specifies a delayed effective is filed.	date, but not an effe	ective time, at 12:	01 a.m. on the ea	rlier of: (b) The 90	th day after the
November 1		·			
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