15000019659

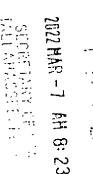
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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations			
ČLIB HIZVE.	Steve D Sir	nith 360 LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Steve D Smith			
			Name of Person		
		Steve D Smith 360 LLC			
			Firm/Company		
		15000 N River Road			
		-	Address		
		Alva Florida 33920			
		Address Alva Florida 33920 City/State and Zip Code stevedsmith360@gmail.com E-mail address: (to be used for future annual report notification) meerning this matter, please call: at (
	Steve D Smith 360 LLC Firm/Company 15000 N River Road Address Alva Florida 33920 City/State and Zip Code stevedsmith360@gmail.com E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call:				
		E-mail address: (to be used for future annual report n	otification)	
For further in	nformation c	oncerning this matter, please co	all:		
Steve D Smi	ith				
	Name o	f Person	Area Code Dayt	ime Telephone Number	
Enclosed is a	a check for th	ne following amount:			
≘ \$25.00 I	filing Fee		Certified Copy	Certificate of Status & Certified Copy	
	iling Addres			Section	
	_	Corporations	Division of C		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Steve D Smith 360 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 02/02/2015	and assigned
Florida document number L15000019659		
This amendment is submitted to amend the following:		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15000 N River Road Alva Florida	33920
(Principal office address MUST BE A STREET ADDRESS)	ing name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." rincipal offices address, if applicable: fice address MUST BE A STREET ADDRESS) finiting address, if applicable: ress MAY BE A POST OFFICE BOX) ing the registered agent and/or registered office address on our records, enter the name of the new registered office address here: the new registered Agent: W Registered Office Address: Enter Florida street address Enter Florida Type Code ed Agent's Signature, if changing Registered Agent: tept the appointment as registered agent and complete performance of my duties, and I am familiar with and	
··	15000 N River Road Alva Florida	1 33920
(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent:	adaress on our records, <u>enter in</u>	e name of the new registered
New Registered Office Address:	Enter Florida street address	
	, Flori	da
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorizéd 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>	Address	Type of Action
AMBR	Holley Buerkle	15000 N River Road Alva Florida 33920	🗒 Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
			Петюve
			□ Change
			□Remove
			Change
			□Add
			□Remove
			□Change

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fective date, if other	r than the date of filing: (optional)	
an effective date is listed, the	the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 d in this block does not meet the applicable statutory filing requirements, this date will not be 1	305.020 isted a
	te on the Department of State's records.	
beument's effective dan		
ocument's effective date		
record specifies a delaye	ved effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
record specifies a delaye	ved effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
record specifies a delayer is filed. March 1.	ved effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a 2022	fter the
record specifies a delayer is filed. March 1.		fter the
record specifies a delayer is filed. March 1.		fler the
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