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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 360 Center for Change, 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:
Nicholas Wilson Name of Person
360 Center for Change, LLC
704 W. Fribley St
Tampa, Fl 33403 City/State and Zip Code
E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
NICholos Wilson at (813) 539-3783 Name of Person at (813) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \(\text{Certificate of Status} \) \(\text{Certified Copy} \) \(\text{(additional copy is enclosed)} \) \(\text{Certified Copy} \) \(\text{(additional copy is enclosed)} \)

MAILING ADDRESS: Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

360 Center for	Change LL	C		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our imited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L15000192274</u>	npany were filed on NOV	12,2015	_ and assig	med
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	on "LLC" or the abbre	viation "L.L.	.C."
Enter new principal offices address, if applicable:	<u> </u>			
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		23 23	<u> </u>
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Enter new mailing address, if applicable:		3.4	.a. t	-
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B. If amending the registered agent and/or register registered agent and/or the new registered office address		ecords, <u>enter th</u>	e name of	f the ne
Name of New Registered Agent:		•		
New Registered Office Address:				
	Enter Florida stree	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

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	Gary Spaulding	10719 Boyette Creek Riverview, Fl 335769	BIVOI □ Add
		Riverview, Fl 335769	I Remove
			Change
AMBR/ Nicholas Wilson	Nicholas Wilson	704 W. Fribley St Tampa, Fl 33603	BAdd
OWNO		Tampa, F1 33603	☐ Remove
,			Change
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te: If the date inser	ted in this block doe	es not meet the	e applicable sta	tutory filing re-	quirements,	this date wil	I not be listed
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