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(Address)	
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COVER LETTER

	P.	· ·	COVER LETTER	
TO:	Registration Sec Division of Corp	orations		
SUBJI	ест: <u>360</u>	Financial S	Solutions, LLC ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Silva A	Vexandrov Name of Person	
		- 11.	Firm/Company	
		330 NW 6	5774 Street # 104 Address	
			City/State and Zip Code 66 D AOL. COM	
		5i/encia (d E-mail address: (to be used for future annual report notificat	ion)
For fur	ther information co	ncerning this matter, please co	all:	
	Name of	<u>exandrov</u> Person	at (<u>56/</u>) <u>715-27</u> Area Code Daytime Te	HO elephone Number
Enclos	ed is a check for the	e following amount:		
□ \$2.	5.00 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)

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

Time - 1 < - 1 / - -

360 tonanc	<u>a/ 0//</u>	UTIONS, L	ر اس السال	
(Name of the Limite)	A Florida Limited I	ny as it now appears on ou Liability Company)	r recorus.	
The Articles of Organization for this Limited Lia Florida document number <u>L 1500019</u>		were filed on $3/9$	16	_ and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	nization for this Limited Liability Company were filed on 3/9/16 and assigned mber			
The new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the designati	on "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applica	bie:			
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>			
Enter new mailing address, if applicable:		same as	above	
(Mailing address MAY BE A POST OFFICE B	(OX)			
			records, enter th	
Name of New Registered Agent:		Alexandr	OV T	
New Registered Office Address:	330 NU		# 104	15
	Boca k	Emer Fioriau street Caton	, Florida <u>3</u>	3487
Now Desistand Agent's Signature if shanging D	ngintaund Acc-4-	Oniv		Enp Couc

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

Title Name **Type of Action Address** Silva Alexandrov 330WW67T+Str#104 **X** Add Boca Raton, FL 33487 ☐ Remove ☐ Change AUBR Zachary Lents Delvay Beach, FL 33444 Remove **X** Change □ Add □ Remove □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00