

L16000161792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200292959932

12/08/16--01012--012 **25.00

FILED
16 DEC 27 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

DEC 29 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2016

CAROLINA GARCIA
623 PLANTATION KEY CIR UNIT 203
OCOE, FL 34761

SUBJECT: 360 RESTORATIONS LLC
Ref. Number: L16000161792

RECEIVED
2016 DEC 27 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for 360 RESTORATIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 216A00026229

FILED
16 DEC 27 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 360 RESTORATIONS 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:

CAROLINA GARCIA

Name of Person

CG PRO BUSINESS CONSULTING LLC

Firm/Company

623 PLANTATION KEY CIR UNIT 203

Address

OCOE, FL 34761

City/State and Zip Code

CAROLINA.GARCIA@CGPROBUSINESS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINA GARCIA

Name of Person

786 594-1269
at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

FILED
16 DEC 27 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

360 RESTORATIONS 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 08/31/2016 and assigned
Florida document number L16000161792.

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 "L.L.C."

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:

VINCENZO JESUS GALLO VISCARIELLO

New Registered Office Address:

479 NE 30TH ST 409

Enter Florida street address

MIAMI

City

Florida 33137

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GABRIELA DEL CARMEN	DIANA NIEVES	<input type="checkbox"/> Add
		479 NE 30TH ST	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33137	<input type="checkbox"/> Change
MGR	VINCENZO JESUS GALLO	VISCARELLO	<input checked="" type="checkbox"/> Add
		479 NE 30TH ST 409	<input type="checkbox"/> Remove
		MIAMI, FL 33137	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
DEC 27 PM 2:09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

16
SECRETARY OF
TALLAHASSEE, FL

FILED
DEC 27 PM 2:09
16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated DECEMBER 01 2016

Signature of a member or authorized representative of a member

GABRIELA DEL CARMEN DIANA NIEVES

Typed or printed name of signer