## 11000233309

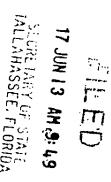
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	<b></b>
SUBJ	360 Real Estate, 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:

	Name of Person
	360 Real Estate, LLC
	Firm/Company
	4217 Ponce de Leon Blvd. #2nd Floor
	Address
	Coral Gables, FL 33146
	City/State and Zip Code
	aduarte@magiccityinvestments.com  E-mail address: (to be used for future annual report notification)
r further information c	concerning this matter, please call:
gustin Duarte	305 450-5992 at ( )
Name o	of Person Area Code Daytime Telephone Number

MAILING ADDRESS:

☐ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee.

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

360 Real Estate, LLC					
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on 12/28/2016 and assigned				
Florida document number 1.16000233309					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	pility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	4217 Ponce de Leon Blvd.				
(Principal office address MUST BE A STREET ADDRESS)	(SS) 2nd Floor				
	Coral Gables, FL 33146				
Enter new mailing address, if applicable:	4217 Ponce de Leon Blvd.				
Mailing address MAY BE A POST OFFICE BOX)	2nd Floor				
	Coral Gables, FL 33146 물론 를				
B. If amending the registered agent and/or registered of	ffice address on our records enter the name of the				
registered agent and/or the new registered office address her	e:				
	i ga 💆 😇				
Name of New Registered Agent:	10 <sub>A</sub>				
New Registered Office Address:					
	Enter Florida street 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Aurelia M Falero PA	PO Box 560013	
		Miami, FL 33256	□ Remove
			■ Change
MGR	Agustin Duarte PA	2520 SW 22 ST	
		#2377	
		Miami, FL 33145	■ Change
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<u>te:</u> If the	date is listed. (e date inscribe effective dat	d in this blocl	c does not n	neet the appl	icable statute	ing or more than	90 days after trements, this	iling.) Purs date will i	uant to 6 101 be li	05.020 isted a
record he 90t	specifies a h day after	delayed e the recor	ffective d	late, but r	ot an effe	ctive time, a	at 12:01 a	.m. on t	he ear	lier c
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Page 3 of 3

Filing Fee: \$25.00