L17000047455

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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| | gistration Sec ision of Corp | | | |
|----------------|---------------------------------|--|---|--|
| CUDIFOR | Addition of | Authorized Persons | | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The enclosed | l Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspon | dence concerning this matter | to the following: | |
| | | Gregory S. Guyette | | |
| | | | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | | 3 Sixty-One Group | | |
| | | | Firm/Company | |
| | | 400 4th Avenue South, Un | it 206 | |
| | | | Address | |
| | | St. Petersburg, FL 33701 | | |
| | | | City/State and Zip Code | |
| | | guyette.greg@gmail.com | to be used for future annual report notific | eation) |
| For further in | nformation co | ncerning this matter, please ca | · | catony |
| Greg Guyett | | | 802 249 - 8891 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is a | a check for the | following amount: | | |
| ■ \$25.00 F | iling 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

| 3 Sixty-One Group | | |
|--|---|-------------------------|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | npany as it now appears on our records.) ed Liability Company) | |
| The Articles of Organization for this Limited Liability Compa Florida document number <u>L17000047455</u> . | ny were filed on February 28, 2017 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited li</u> | ability company here: | , ⁻ |
| The new name must be distinguishable and contain the words "Limited Lie | ability Company," the designation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 7 M 100 |
| (Principal office address MUST BE A STREET ADDRESS) | | 0 0 |
| Enter new mailing address, if applicable: | | A GRAN |
| (Mailing address MAY BE A POST OFFICE BOX) | | 4 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent: | | ter the name of the ne |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | |
| | Ciţi, | 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 |
|--------------|--------------------|------------------------------------|--|
| MGR | Gregory S. Guyette | 400 4th Ave South, Unit 206 St. Pe | |
| | | | ☐ Remove |
| | | | Change |
| AMBR | Sarah G. Guyette | 400 4th Ave South, Unit 206 St. Pe | ■ Add |
| | | | 🗆 Remove |
| | | | ☐ Change |
| AMBR | Emma G. Guyette | 400 4th Ave South, Unit 206 St. Pe | = Add |
| | | . | ☐ Remove |
| | | | Change |
| | | | □ Add |
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| Iffective date, if other than the date of filing: an effective date is issed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 forties. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Signature of a member or authorized representative of a member Gregory S. Guyette | f amending any other information, enter change(s) here: (Attach additional sheets, if necessar | |
|---|--|---|
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Outed March 15, 2017 Signature of a member or authorized representative of a member | | |
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Filing Fee: \$25.00