Florida Department of State Division of Corporations Electronic Fillip Cover Sheet

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To:	Division of Corporations Fax Number : (850)617-6383		(d) (d) (D)	27 AM 11:37
From:	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010		1. 27 	1:37
Ente a	r the email address for this business enti innual report mailings. Enter only one emai	ty to be us Il address p	ed for future olease.	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rainmaker Millennial Group		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000144493	were filed on 07/05/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	7901 4th St N STE 300	
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33702	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7901 4th St N STE 300 St. Petersburg, FL 33702	2021
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new registere
Name of New Registered Agent:		- 37
New Registered Office Address:	Enter Florida street address	<u></u>
	, 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 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>	Address	Type of Action
MGR	Sean A Dickerson	202 Sand Pine Rd.	
		Indialantic, FL 32903	∑ }Remove
			🗆 Change
AMBR	360BLU, LLC	7901 4th ST N STE 300	XJAdd
		St. Petersburg, FL 33702	□Remove
			□Change
			🗆 Add
			□Remove
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Effective date, if other than the dat If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	does not meet the appli	eable statutory filing t	(optional) than 90 days after filing.) Prequirements, this date wi	irsuant to 605 0207 (3 Il not be listed as th
he record specifies a delayed effective da ord is filed.	ite, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 9	0th day after the
Dated December 23	. 2021	·		
Sig	nature of a member or aut	horized representative of	a member	
Riley Park				
<u> </u>	Typed or pru	nted name of signee		

Filing Fee: \$25.00