L19000029388

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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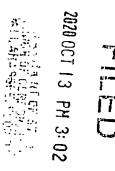




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2020 OF 1, 77 SET S

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 1, 2020

JOHN FOTOS ORCHESTRATE 360, LLC 415 E MILLER STREET ORLANDO, FL 32806

SUBJECT: ORCHESTRATE 360, LLC

Ref. Number: L19000029388

We have received your document for ORCHESTRATE 360, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Letter Number: 420A00016752

Shelia S Young Regulatory Specialist II

www.sunbiz.org

District of Comment on DO DOY COOK Mallalan El 11 0001

COVER LETTER

10:	Registration Se Division of Cor		• ,	ur' t
		e 360, LiL.C.	,	
SUBJE	CT:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		John Fotos		
			Name of Person	
		Orchestrate 360, L.L.C.		
			Firm/Company	·
		415 E Miller Street		
			Address	
		Orlando, FL 32806		
			City/State and Zip Code	
		jfotos@orchestrate360.cd		
		E-mail address: (to be used for future annual report no	otification)
For furth	ner information c	oncerning this matter, please c	all:	
John Fo	otos		941 416-6453 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	d is a check for th	ne 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		Street Address:	
	Registration S Division of C		Registration S Division of Co	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orchestrate 360, LLC			022
(Name of the Limited Lia (A Flor	pility Company as it now appear rida Limited Liability Company)	s on our records.)	C TI
The Articles of Organization for this Limited Liability	Company were filed on 29t	h of January 2019	oc rand assigned -
Florida document number L19000029388	·		
This amendment is submitted to amend the following	:		3: 03
A. If amending name, enter the new name of the li	imited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "H	imited Liability Company," the de	esignation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET AD	DRESS)	_	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our re	ecords, enter the n	ame of the new registered
agent and/or the new registered office address nerv	<u>:</u> •		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	ida street address	
	City	, Florida	Zip Code
	Cuy		гір соае

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	Ron Ward	165 Maple Creek Ranch Road	□ Add
		Cohasset, CA 95973	≡ Remove
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			Remove
			□ Change

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ective	date, if other than the date of filing: (optional)
CHUCH	ive date is using, the date must be specific and cannot be prior to date of filing or more than 00 days after all the property of one
<u>.e.</u> 111	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at selective date on the Department of State's records.
an cin	s effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
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Filing Fee: \$25.00