

10/29/2020

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ROBERT GRAHAM CPA, LLC
Account Number : 120070000089
Phone : (813)260-4103
Fax Number : (813)830-7415

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: admin@robertgrahamcpa.com

2020 OCT 29 PM 12:15

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THREE SIXTY SEVEN ADVISORY SOLUTIONS, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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COVER LETTER

(((H20000375901 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: THREE SIXTY SEVEN ADVISORY SOLUTIONS, 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:

ROBERT GRAHAM CPA

Name of Person

ROBERT GRAHAM CPA LLC

Firm/Company

1518 NORWICK DRIVE

Address

LUTZ, FL 33559

City/State and Zip Code

ADMIN@ROBERTGRAHAMCPA.COM

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

For further information concerning this matter, please call:

ROBERT GRAHAM 813 260-4103
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

(((H20000375901 3)))

THREE SIXTY SEVEN ADVISORY SOLUTIONS, 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 03/05/2019 and assigned
Florida document number L19000063495.

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)

217 N HOWARD AVENUE

SUITE 200

TAMPA, FL 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

217 N HOWARD AVENUE

SUITE 200

TAMPA, FL 33606

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: _____

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 _____

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H20000375901 3)))

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|----------------------------|--|
| MGR | RAVER, BRYSON | 900 SOUTH GOLF VIEW STREET | <input type="checkbox"/> Add |
| | | TAMPA, FL 33629 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | WOODARD, GRAHAM | 217 N HOWARD AVENUE | <input checked="" type="checkbox"/> Add |
| | | SUITE 200 | <input type="checkbox"/> Remove |
| | | TAMPA, FL 33606 | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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