L19000125946

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AUG 1 0 2020 S. YOUNG

COVER LETTER

Divis	stration Section ion of Corpor	rations ·				
SUBJECT:	360	Home H H Name of Li	Watch,	LLC		
\bigcap	le c e son On	1 H Name of Li	imited Liability Com	pany		
U	OCUMEN	L 19000/	25946			
The enclosed a	Articles of Am	endment and fee(s) are st	abmitted for filing.			
Please return a	ill corresponde	ence concerning this matte	er to the following:			
			Jennife Name of Pe	Ka Ka	1 bach	
		360 H	ome U	latch,	LLC.	
		P.O. Bo	Firm/Comp	00175		
		Port Ch	arlotte,		3938	
	-	E-mail address	City/State and Z BOO Home (to be used for futur	ip Code MOME (L e annuai report notif	3938 atch/40	.Com
For further inf	ormation conc	erning this matter, please	call:			
Jennin	Fer Ko Name of Pe		at (at ($\frac{1}{2}$ Daytime	C -2 > 8	<u>S</u>
Enclosed is a c	check for the f	ollowing amount:				
\$25.00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Fili Certified ((additional c		☐ \$60,00 Filing Certificate of Certified Cop (additional copy	Status &
	ing Address: istration Sec	tion _		Street Address: Registration Sec	tion	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

360 Hone Wytc (Name of the Limited Liability Company (A Florida Limited Liability)	v as it how appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number	6 H 6: +5
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	y Company," the designation "LLC" or the abbreviation "L.L.C." 21085 Nowell Ave. Part Charlotte FC 3395
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 380075 Port Charlotte, FL 33938
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, enter the name of the new registere
Name of New Registered Agent: New Registered Office Address: Port Cho	Nowell Ave_ Enter Florida street address (lotte Florida 33954 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.

hanging 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 **Type of Action Address** Title Name AMBR Jennifer Kalbach 21085 Nowell Ave. DAdd
Port Charlotte, FC 3395 CREMOVE **□**Change 4275 Library St. DAdd mgc William Wright Port Charlotte FZ Kremove ☐ Change Mgr Nathew Kalbach 21085 Novell Ave DAdd Change from Amor Part Charlotte, FL3395 Memore
To MG-R X Please note address change
15 21085 not Sunbiz Remove ☐ Change \square Add Remove

Change

							
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	listed, the date n inserted in this	nust be specific at block does not	nd cannot be pr . meet the app	ior to date of filing licable statutory	g or more than 90		Pursuant to 605,0207 will not be listed as
e record specifies and is filed.	delayed effect	tive date, but no	ot an effective	e time, at 12:01	a.m. on the car	lier of: (b) Th	e 90th day after the
	n e	22	. <u>30</u> ,	<u>20</u>			
Dated	<u>¥]</u>						
Dated	<u> </u>			nthorized represen	itativa af a mamb	ner	

Filing Fee: \$25.00