

5/12/22, 11:22 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
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L19000200350

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To:

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

From:

Account Name : BARTNAS & ASSOCIATES INC.  
Account Number : 120000000082  
Phone : (305)871-0889  
Fax Number : (305)870-9623

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

Email Address: \_\_\_\_\_

2022 MAY 12 PM 1:52

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
360 SERVICE US, LLC**

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**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: 360 SERVICE US, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

YANELLE M BARINAS

Name of Person

BARINAS &amp; ASSOCIATES, INC.

Firm/Company

5701 NW 36 ST

Address

VIRGINIA GARDENS, FL 33166

City/State and Zip Code

RECEPTION@BARINASASSOCIATES.COM

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

For further information concerning this matter, please call:

YANELLE M BARINAS

at ( 305 ) 871-0889

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**  
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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

360 SERVICE US, 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 08/06/2019 and assigned  
Florida document number L19000200350.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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: GUSTAVO ADOLFO RINCON

New Registered Office Address: 10405 SUNRISE LAKES BLVD BLQ 161 APT 305  
*Enter Florida street address*

SUNRISE, Florida 333222  
*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:**

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MIRANDA CHAVEZ, ALEXAND	10012 LENOX ST	<input type="checkbox"/> Add
		CLERMONT, FL 34711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	TRUJILLO, CLAUDIA MARCELA	10012 LENOX ST	<input type="checkbox"/> Add
		CLERMONT, FL 34711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	GUSTAVO ADOLFO RINCON	10405 SUNRISE LAKES BLVD	<input checked="" type="checkbox"/> Add
		BLQ 161 APT 305	<input type="checkbox"/> Remove
		SUNRISE, FL 33322	<input type="checkbox"/> Change
MGRM	LEIDY PAOLA MELO TAVERA	10405 SUNRISE LAKES BLVD	<input checked="" type="checkbox"/> Add
		BLQ 161 APT 305	<input type="checkbox"/> Remove
		SUNRISE, FL 33322	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If attaching any other information, enter changes here: (Attach additional sheets, if necessary.)**

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207 (3)(b) this date will not be listed as the

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_

- DocuSigned by:

Gustavo Adolfo Rincon

Signature of a member or authorized representative of a member

GUSTAVO ADOLFO RINCON

Typed or printed name of signee