## L20000029361

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
☐ PICK-UP	☐ WAIT	☐ MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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2022 DEC -5 AM 8:58

FILED

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

369 Financial, LLC SUBJECT						
30BJEC1#	Name of Lim	ited Liability Company				
The enclosed Articles of	he enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:				
	Joshua Krafchick					
		Name of Person				
	369 Financial, LLC					
		Firm/Company				
	9424 Baymeadows Rd. Ur	nit 250				
		Address	····			
	Jacksonville, FL 32256					
		City/State and Zip Code  103 h J 9 K 14 f L h i L K D  to be used for future annual report not	MMI), UM			
For further information c	oncerning this matter, please c	all:				
Joshua Krafchick		904 305-9050 at ( )				
Name o	f Person	Area Code Daytin	ne Tetephone Number			
Enclosed is a check for the	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 Addres Registration S	Section	Street Address: Registration Se	ection			
Division of C	· ·	Division of Co	•			
P.O. Box 632		The Centre of				
Tallahassee, FL 32314		2413 IV. MONTO	e Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

369 Figure of the Limited Liability Compa	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 2007936	were filed on $0112312020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	262
agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is $-$
If Ch:	anging Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
-MGR	ANDREW SALTMAN	230 Canal Blvd Suite 2 Ponte Vedra Beach, FL 3208.	2 □ Add
			<b>=</b> Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			_ Change
			🗆 Add
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