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COVER LETTER

TO: Registration Se Division of Co		•		;
	R APP LLC	·		
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Dmitri Dubograev, Esq.			
		Name of Person		-
		Firm/Company		-
	901 N Pitt St, STE 325			
		Address		_
	Alexandria, VA 22314			
	ossistant@foroida us	City/State and Zip Code		-
	assistant@femida.us E-mail address: (to be used for future annual rep	port notification)	
For further information	concerning this matter, please c	all:		
Dmitri Dubograev		703 7399 at ()	111	
Name	of Person	Area Code	Daytime Telephone Numbe	<u></u>
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)	sed) Certified	ate of Status &
Mailing Addre		Street Add		
Registration	Section Corporations		ion Section of Corporations	
DIVISION OF			re of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa		
(A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 01/21/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
369 Apps LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a	address on our records, enter the	name of the new registere
amount and/on the many magistaned office address have		
agent and/or the new registered office address here:		
agent and/or the new registered office address here: Name of New Registered Agent:		
		
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent:	Enter Florida street address , Floric	da
		la

If Changing 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Add
			Remove
			□Add
			□Remove
			□Remove
			DAdd
			□Remove
		-	
			□Remove
			□Change

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an efl <u>ote:</u>	ve date, if other than the date of filing:
recoi l is fi	d 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 ed.
ated	October 14 2022
atcu	··
	אישורישירי בייני

Filing Fee: \$25.00