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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

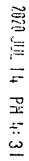


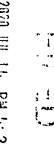
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COVER LETTER

Division of Co		* *	
	nd Flood, LLC	,	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Brian Brodsky		
		Name of Person	
	Bell Mountain Managemen	nt	
		Firm/Company	
	6400 Telegraph Rd., Ste 20	000	
		Address	-
	Bloomfield Hills, MI 4830) I	
		City/State and Zip Code	
	bbrodsky@rivstone.com		
		to be used for future annual report not	Hication)
For further information	concerning this matter, please c	all:	
Brian Brodsky		248 8420818 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 63.	27	The Centre of	Fallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13

360 Fire & Flood, LLC		
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our record mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number 1.20000177025		and assigned:
This amendment is submitted to amend the following:		3
A. If amending name, enter the new name of the limite	d liability company here:	
360 Fire & Flood Florida, LLC		
The new name must be distinguishable and contain the words "Limited	I 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 ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	is
		orida
	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 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
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			Change
			
			□Remove
			□ Change

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n effective date is listed, the date must be specific and cannot ste: If the date inserted in this block does not meet the cument's effective date on the Department of State's r	applicable statutory	g or more than 90 y filing requiren	(optional) days after filing.) ments, this date w	Pursuant to 605.0207 /ill not be listed as
ecord specifies a delayed effective date, but not an effe is filed.	ctive time, at 12:01	a.m. on the earl	lier of: (b) The	90th day after the
ted July 13	·			
		1		
Signature of a member	or authorized represen	ntative of a memb)\(\sigma	
Brian Brodsky				