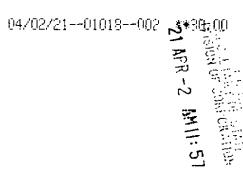
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		5/24/21 TIM

Office Use Only



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COVER LETTER

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TO:

TO: Registration S Division of Co				
CUDIFOT.	ope 360 LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Glendy Petrich			
		Name of Person		
		Firm/Company		
	2215 Ixora Avenue			
		Address		
	Sarasota, FL 34234			
		City/State and Zip Code		
	glendypetrich@yahoo.com		-95 X-1	
or further information	concerning this matter, please c	to be used for future annual report no all:	nncation)	
Glendy Petrich		678 576 6295		
Name	of Person	Area Code Dayti	me 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 Addre		Street Address:	action	
Registration Division of 0			Registration Section Division of Corporations	
P.O. Box 63	27	The Centre of	Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	oe Street. Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF THE PROPERTY OF THE PROPE

FILELI CECHLIARY OF STATE USION OF COME UNAITON-

21 APR -2 MHII: 57 Kaleidoscope 360 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 March 10, 2021 _____ and assigned Florida document number 1.21000115347 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: New Registered Office Address: Enter Florida street address

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.

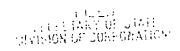
Ciiv

If Changing Registered Agent, Signature of New Registered Agent

_. Florida ____

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 21 AFR -2 AHII: 5	Type of Action
MGR	Glendy Petrich	2215 Ixora Avenue	= Add
		Sarasota, FL 34234	□Remove
			□Change
MGR Aaron Prisco	Aaron Prisco	2215 Ixora Avenue	🗆 Add
		Sarasota, FL 34234	■Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗆 Add
		□Remove	
			□Change
			□ Add
			□Remove
			□ Changa

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	21 APR -2 AHII: 57
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(If an effe Note:	ive date, if other than the date of filing:
he record	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 led.
	$\frac{3/31/202/}{202/10000000000000000000000000000000000$
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00