L21000397353

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COVER LETTER

	00 / 20/ 20/
TO: Registration Section Division of Corporations	
SUBJECT: 360 10 GLUPAN Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub- Please return all correspondence concerning this matter	1. best
Maria (Name of Person
LORD X	Firm/Company
204 N. D	M. DU. SHE IUB. Address
ZANFUR	City/State and Zip Code
	(to be used for future annual report notification)
For further information concerning this matter, please of	call:
Mame of Person	at 256 320 1310. Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

360 IC GLOBAL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>L21000397353</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Entar new mailing address if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	ddress on our records	enter the name of the new registered
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida stree	rt address
		t address , Florida Zip Code
		, Florida

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
AHBR	LONDONO OSCERO HUDRALIE	44 204 N. EUH DO. SIE 1UH	🗆 Add
		Sonlved 72. 32771.	
			□Change
AMBR	Ruiz L. DIDONA PATVICIA	200 N. ELM AV. Stc. 104	X [Add
		Scn 6020 71.32771	□Remove
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etiv	e date, if other than the date of filing:
effect	tive 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 605.020
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a at's effective date on the Department of State's records.
cord :	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
filed	1.
	Singular of a pumpher or authorized representative of a pumpher.
ed	10-67-2021.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00