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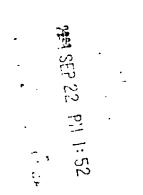
(Requestor's Name)
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(,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

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COVER LETTER

TO: Registration Se Division of Cor					
S350 ENTE	ERPRISES. LLC				
SGBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ndence concerning this matter				
	DAVID STONE				
		Name of Person			
	S350 ENTERPRISES, LLO	C			
		Firm/Company			
	4555 SW 42ND STREET				
		Address			
	OCALA, FL 34474				
		City/State and Zip Code			
	S350ENT@GMAIL.COM				
For further information c	oncerning this matter, please c	to be used for future annual report no all:	uneacion)		
DAVID STONE		352 415-5095			
Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed is a check for the	ne following amount:				
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S		Street Address: Registration S	ection		
Division of C		-	Division of Corporations		
P.O. Box 632		The Centre of			
Tallahassee, l		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S350 ENTERPRISES, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on and assigned
lorida document number 21000401730	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liabi	lity company here:
he new name must be distinguishable and contain the words "Limited Liabil	- · · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:	SEP.
Principal office address MUST BE A STREET ADDRESS)	22
	-: 52
Inter new mailing address, if applicable:	: 2
Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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>	Name		Address	Type of Action
MGR	DAVID STONE		4555 SW 42ND STREET, OCALA, FL 34474	= Add
				🗆 Remove
				□Change
AMBR	DAWN STONE		4555 SW 42ND STREET, OCALA, FL 34474	□Add
				■Remove
				□Change
			P .	□ Change S□ Add
				Remove
				∵ - UDChange
				□Add
				□Remove
				□Change
				□Add
		,		□ Remove
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			·	□Remove
				Change

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ctive date, if other than the date	of filing:		(optional)
effective date is listed, the date must be specified in this block d	loes not meet the applicable	te of filing or more than 90 da	ays after filing.) Pursuant to 605.02
iment's effective date on the Departi	ment of State's records.		
ecord specifies a delayed effo	ective date, but not ar	effective time, at 1	2:01 a.m. on the earlier
ne 90th day after the record i	is filed.		
SEPTEMBER 17	2021		
D. 04	·		
1/			