L22000257583

(Re	equestor's Name)	.
(Ad	ddress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	

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COVER LETTER

TO: Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	360 Home I	mprovement LLC			
SUBJECT:		Name of Limi	ited Liability Company		20
		Amendment and fee(s) are sub-			2023 JUN 2 I
r rease return	an concespo	ndence concerning this matter	to the following.		AH
		Diego Zapata			· : 58
			Name of Person		83
		360 Home Improvement			
			Firm/Company		
		12014 FLicker Way			
			Address		
		Hollywood, FL, 33026			
			City/State and Zip Code		
		E-mail address: (to be used for future annual report not	ification)	
For further in	iformation c	oncerning this matter, please co	all:		
Diana Zapata	i		954 5598751 at ()		
	Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a	check for the	ne following amount:			
■ \$25,00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	iling Addres		Street Address: Registration So	ection	
•	_	Corporations	Division of Co		

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023	
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360 Home Improvement 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 06/06/2022 and assigned Florida document number L22000257583 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.

City

, 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	Type of Action
MGR	Diana Zapata	12014 Flicker Way, Hollywood, FL, 33026	≡ Add
			□Remove
			□Change
AMBR	Carmen J. Rojas	12014 Flicker Way, Hollywood, FL, 33026	
			□Remove
			□Change
			2023 <u>5</u> [11 2]
			□Remove
			Ethange
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Signature of a member or authorized representative of a member 100			
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cective date, if other than the date of filing: O1/01/2023			
cective date, if other than the date of filing: O1/01/2023			23.
rective date, if other than the date of filing: 101/01/2023 101/01/2023 101/01/2023 102. If the date instruct in this block does not meet the applicable statutory filing requirements, this date will not be listed a rument's effective date on the Department of State's records. 102. State of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a rument's effective date on the Department of State's records. 103. State of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a rument's effective date on the Department of State's records.		<u> </u>	듄
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	Signature of a member or authorize	d representative of a member	

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Filing Fee: \$25.00