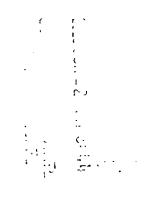
## 23 0000 79470

	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(City Glata Liph Hollow)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	1





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2023 JUH-2 PM 3: 39

AD

## **COVER LETTER**

TO: Registration Se Division of Cor			Ł
·ALTITUDE	360, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anthony Todd Wood		
		Name of Person	
	ALTITUDE 360, LLC		
		Firm/Company	<del></del>
	8290 134th Street		
		Address	
	Sebastian, FL 32958		<i>r</i> ,
		City/State and Zip Code	,
	tony.wood@altitude360.io		·
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notification) all:	1 1 C
Anthony T. Wood		407 342-3724 at ( )	
Name o	f Person	Area Code Daytime Telepho	one Number
Enclosed is a check for the	he 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 Address		Street Address:	
Registration S Division of C		Registration Section Division of Corporation	ons
P.O. Box 632		The Centre of Tallahas	
Tallahassee,	FL 32314	2415 N. Monroe Stree	t, Suite 810

Tallahassee, FL 32303

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

ALTITUDE 360, LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
he Articles of Organization for this Limited Liability Company were filed on $\frac{2i}{2}$	/13/2023 and assigned
orida document number L23000079470	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company l	here:
ne new name must be distinguishable and contain the words "Limited Liability Company," the	designation "L.L.C." or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	0 P
• • • • • • • • • • • • • • • • • • • •	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
. If amending the registered agent and/or registered office address on our gent and/or the new registered office address here:	records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	orida street address
Lines F	, Florida
	Florida

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	COMBS, JUSTIN	9617 HADLEY ROAD	□Add
		CLARKSTON, MI 48345	■ Remove
		<del></del>	□Add
			□Remove
			Change
			C_Add
			☐Remove
			□Add
			□Remove
			[] Change
			□Remove
			Change
			□Add
		<del></del>	□Remove
			Change

<u> </u>	
	<u>-                                    </u>
ffective date, if other than the date of filing:	date of filing or more than 90 days after filing.) Pursuant to 603.02
record specifies a delayed effective date, but not an effective tim is filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated June 1st 2023	
1 1	ized representative of a member

• . . ,

Filing Fee: \$25.00