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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
					
(Pusingge Fetity Name)					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co					
360SOLA	R LLC				
SUBJECT: Name of Limited Liability Company					
The analoged Astellar	S A manufacture and Section 1.	S. Je en			
	f Amendment and fee(s) are sub ondence concerning this matter	Ţ			
rease return air corresp	ondence concerning this matter	to the following.			
	Jhon Perez				
		Name of Person	_		
	360SOLAR LLC				
	-	Firm/Company	-		
	513 S Andrea Cir				
		Address	_		
	Haines City, Florida 3384-	4	20 20		
	360solar2@gmail.com	City/State and Zip Code	2023 HOV 13 PH 1: SEGLEAN AND ST		
	E-mail address; (to be used for future annual report notification)	$\frac{1}{\omega}$		
For further information	concerning this matter, please c	all:	PA PA		
Jhon Perez		347 5843889 at ()	1:2 STAT		
Name o	of Person	Area Code Daytime Telephone Number			
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &		
Mailing Addre Registration	Section	Street Address: Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

360SOLAR LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on <u>07/06/2023</u>	and assigned
Florida document number L23000320849		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE,	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter the</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	o.
	City . FIOTIU	a 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 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	Robert Rivera	3816 Covington dr	= Add
		Saint Cloud, Florida 34772	[]Remove
			☐Change
			□ Add
			□Remove
			□Change
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			□Remove
			Change Change Colored Color
			Remove F
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			□Remove
			□ Change
			□Add
		<u> </u>	🗆 Remove

□ Change

Typed or printed name of signee

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