## L23000371978

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
	360 Sales	Consula	in a	
SUBJECT:		d Liability Company	77	
		-		
The enclosed Article	s of Amendment and fee(s) are submi	itted for filing.		
Please return all corr	espondence concerning this matter to	the following:		
	Ben	Name of Person	l, own	
	360.	Sales Con.	salting	
	2855 Gult	to Bax A	B/VL # 4201	
	Clearwate	City/State and Zip Code	759	
	benjaum byo E-mail address: (to	•		
For further informati	ion concerning this matter, please call	l:		
Benjan	nin Brown  ame of Person	at ( <u>727)</u> <b>7</b> Area Code D	44-2656 Paytime Telephone Number	
Enclosed is a check	for the following amount:	-		
□ \$25.00 Filing Fo	ce S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Ac</u> Registrat	<u>ddress:</u> ion Section	<u>Street Addre</u> Registratio		

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

360 Sales Consultino
(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 8/8/2023 and assigned Florida document number <u>L 23000371</u> 978
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:  360 Salz5 Con Sulting LLZ  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
20CC / 15 M/ 1 HU201
- 1 7 3 7 5 a
(Principal office address MUST BE A STREET ADDRESS) [ car water - 33/39
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, <u>enter the name of the new register</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
•
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 to 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 Designated Agent Signature of New Pagistered Agent

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an effect Note: If	e date, if other than the date of filing: (optional) ive 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
documen	t's effective date on the Department of State's records.
	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
Dated	8/18/2023 , 2023.
	8/18/2023, 2023.  By: Signature of a member or authorized representative of a member  Rehlamyn' Brown
	Benjamyn Brown Typed or printed name of signee

Filing Fee: \$25.00