L23000451971

| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J DENNIS |
| DEC 1 - 2023 |
| |
| |
| |





500418356095

11/03/23--01023--001 **25.80

2023 NOV -3 NM 9: 16

COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| Division of Corporations | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| SUBJECT: 360 Contractors Name of Limited Liability Company | |
| | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Same of Person | |
| 360 Contraction Lic | |
| Firm/Company | |
| 746 SU Parker - lui | |
| City/State and Zip Code | |
| City/State and Zip Code Sold A 101 CO (CC 360 Ton Arch 401 S. College E-mail address: No be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| School Jacobson at (786) 123-6655 Name of Person Area Code Daytime Telephone Number | |
| Name of Person Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is eaclosed) \$60.00 Filing Fee & Certified Copy (additional copy is eaclosed) | Status & y |
| Mailing Address: Registration Section Street Address: Registration Section | |

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT 1023 NOV 3 AM 9: 16

| the Articles of Organization for this Limited Liability Company were filed on Company and assigned lorida document number 23000 1019 11 his amendment is submitted to amend the following: 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 "LLC" on the | | OVILLE COMPANY as it now appears on our records.) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| his amendment is submitted to amend the following: 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 abbreviation above the abbreviation abbreviat | | (A Florida Limited Liability Company) |
| is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here: If amending offices address address, if applicable: In amending office address, if applicable: If amending address, if applicable: If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Agent: Name of New Registered Agent: | e Articles of Organization for this Limited I | Liability Company were filed on Order 12 12 12 12 12 2 2 2 2 2 2 2 2 2 2 2 2 |
| If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC" ther new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Idiling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new regestered office address here: Name of New Registered Agent: | orida document number <u>L23000</u> 9 | <u> 1519 7 L</u> |
| there new principal offices address, if applicable: Inter new mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: | is amendment is submitted to amend the fol | Howing: |
| Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Audiling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Agent: | If amending name, enter the new name of | of the limited liability company here: |
| If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | e new name must be distinguishable and contain the | words "Limited Liability Company," the designation "L.I.C" or the abbreviation "L.I.C." |
| If amending the registered agent and/or registered office address on our records, enter the name of the new recent and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Agent: | ter new principal offices address, if appli | icable: |
| If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Agent: | rincipal office address MUST BE A STRE. | ET ADDRESS) |
| If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Agent: | | |
| Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Agent: | | |
| If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Agent: | nter new mailing address, if amplicable: | |
| If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | • | E BOX) |
| Name of New Registered Agent: Name of New Registered Agent: New Registered Office Address: | | |
| Name of New Registered Agent: Now Registered Office Address: | | |
| Name of New Registered Agent: Schaffler (Little Company) | | • |
| Name of New Registered Agent: School Charles Charles New Registered Office Address: School Charles Charles | • • • • • • • • • • • • • • • • • • • • | nee harar |
| Name of New Registered Agent: 2 Charles Constitution of New Registered Office Address: 2 Charles Constitutio | • • • • • • • • • • • • • • • • • • • • | ESS HETC. |
| New Registered Office Address: | ent and/or the new registered office addre | |
| THE CONTRACTOR WILLIAM COMMISSION | ent and/or the new registered office addre | |
| Enter Florida street address | ent and/or the new registered office address Name of New Registered Agent: | Santing Character |
| 16.4 St Luck Florida 34953 | ent and/or the new registered office addre | Santing Character |
| City Zip Code | ent and/or the new registered office address Name of New Registered Agent: | Santing Character |
| w Registered Agent's Signature, if changing Registered Agent: | ent and/or the new registered office address Name of New Registered Agent: | |
| City Florida Signature, if changing Registered Agent: | Name of New Registered Agent: | Santage Charace |

1

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.

hanging 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> | Address | Type of Action |
|--------------|----------------|----------------------|----------------|
| Mar | Surling Marano | Part St. Lung FL 349 | |
| | | | |
| | | | iX Change |
| | | | D\dd |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | []Add |
| | | | []Remove |
| | | | []Change |
| | | | []Add |
| | | | □Remove |
| | | | □Change |
| | | | □∧dd |
| | | | |

_____ □Remove

| - | - | meed | 10 | 1~ | COMME WE | "SR * | |
|---------------------|---------------------------|---------------------------------------------|------------------------------------------|------------------------|----------------------------------------------------|------------------------|----------------------------|
| | | 14 60 E 1 | 1 (, , , , , , , , , , , , , , , , , , | <u>- Y</u> | | | <u> </u> |
| | <u> </u> | wy | Marge |) i 4 | <u> </u> | 110 JU | · tully |
| 2 | cleon | lad d | U MA | | Warit | a trons | 1 |
| | st te i | () (|) | | - | <u> </u> | |
| | | | | _ | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | • | | | | |
| | | | | | | <u></u> | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | <u> </u> | | <u> </u> | |
| | | | | | | | |
| _ | | | | | | | |
| | | <u> </u> | | | | <u></u> . | |
| | | | | | | | |
| | | | | | | | |
| | <u> </u> | | | | | | |
| | | | | | | | |
| | - | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ective (| date, if o | ther than the da | te of filine: | | | (opti | onal) |
| ونغمماليس | بنا بية معمله م | and the date must be | sweate and cannot | be prior to | date of filing or m | ore than 90 days after | filing.) Pursuant to 605.0 |
| <u>te:</u> If th | re date in: « effectiv | scried in this block c date on the Depai | does not meet the riment of State's r | e applicati ecords. | ie stantiory mus | g requirements, our | s date will not be listed |
| · Carrotta | 01100111 | Cano | | | | | |
| | | talament all'antique de | star buit most am offic | setive time | e at 12:01 a mai | on the earlier of: (b |) The 90th day after |
| coru sp s filed. | echies a c | aciayou errocave da | ill, tall tax all circ | Curc um | 0, 22 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10 | | , |
| | | | | | | | |
| | [| 1 | 7 46 5 | つうて | | | |
| .cd | <u> </u> | 1000 | <u> </u> | · · · | - • | | |
| | | | 1.01. | | | | |
| | | Si | nature of a member | or authori | zed representative | of a member | |
| | _ | | Sultan | | · ; | | |
| | | / | , | | 1 1 | | |