## P19000016732

(Re	equestor's Name)			
(Ad	ldress)			
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(Cil	ty/State/Zip/Phone	e #)		
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MAY 1 3 2019

## COVER LETTER

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**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: 360 Five	ancial Solutions, INC.
DOCUMENT NUMBER: P190001	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fee are submit	ted for filing.
Please return all correspondence concerning this matter t	o the following:
360 Finance 370 w. Car Boca Rate	Jray  Jame of Contact Person  Jray  Jame of Contact Person  Jacob Solutims, Troc.  Firm/ Company  Mino Gardens Blud., #330  Address  Addre
For further information concerning this matter, please ca	
Lorne Wray Name of Contact Person	at ( <u>561</u> ) <u>405-1309</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made paya	ble to the Florida Department of State:
Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tailahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

360 FINANCIAL SOLUTIONS, INC.

360 FINANCIAL 300	
(Name of Corporation as currently t	iled with the Florida Dept. of State)
P19000016732	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the statute	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	}
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P.,	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	
Name of New Registered Agent	NIA
(Florida street	address)
New Registered Office Address:	A, Florida
(Ci	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	, , ,
Signature of New Regi	stered Avent if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
i) Change Add	P,S,7	T,D	Silva Alexandrou	370 W. Cumino Gardons Blue #330
Remove				BOCA Raton, FL 33432
2) Change		<del></del>		
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	<u> </u>			
Add				
Demova				

Attach additional shee	ts. if necessary).	eles, enter change(s (Be specific)	oj nere:		
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an amendment pro provisions for imple	ides for an excha nenting the amen	inge, reclassification diment if not conta	on, or cancellation ined in the amend	n of issued shares, dment itself:	
(if not applicable	indicate N/A)				
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The date of each amendment(s) adoption: late this document was signed.	4/29/2019	, if other than the
Effective date <u>if applicable</u> :		
riective nate <u>n appircame</u> .	(no more than 90 days after amendment file date)	1, 10
Note: If the date inserted in this block does in locument's effective date on the Department of	not meet the applicable statutory filing requirements if State's records.	this date will not be listed as the
Adoption of Amendment(s) (Cl	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amer approval.	ndment(s)
	he shareholders through voting groups. The following g group entitled to vote separately on the amendment	
"The number of votes east for the ame	endment(s) was/were sufficient for approval	
by	"  Ving group)	
	e board of directors without shareholder action and sh	archolder
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	older
Dated April 2 Signature	9, 2019 Lite	
(By a director, pres	sident or other officer - if directors or officers have necorporator - if in the hands of a receiver, trustee, or ot	
	y by that fiduciary)	nor court
_\$;;	Lua Alexandrov (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
_ P <sub>1</sub>	resident	
	(Title of person signing)	