

L17000248574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

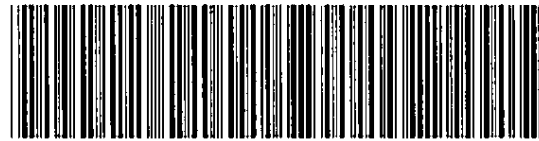
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17 DEC 14 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 360 CUSTOM CONTRACTING LLC

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:

JONATHAN NORRIS

Name of Person

360 GUSTOM ENTERPRISES LLC

Firm/Company

2227 MORNINGSIDE DR

Address

CLEARWATER FL 33764

City/State and Zip Code

JONNYN197@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONATHAN NORRIS

727

687-2587

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

360 CUSTOM CONTRACTING LLC

(A Florida Limited Liability Company)

360 CUSTOM ENTERPRISES LLC

2227 MORNINGSIDE DR

CLEARWATER FL 33764

(Mailing address MAY BE A POST OFFICE BOX)

Enter Florida street address

Florida

(iv)

Zip Code:

Page 1 of 3

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

17 DEC 14 AM 7:12
DEPT. OF STATE
WASHINGTON, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated DECEMBER 11 2017

Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

JONATHAN NORRIS

Typed or printed name of signee