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## **COVER LETTER**

то:	Registration Sec Division of Corp					
SUBJEC		M CON	   RACTING LLC 			
SOBJE			Name of Lim	ited Liability Compan	у	····
The encl	osed Articles of A	tmendme	nt and fee(s) are sub	mitted for filing.		
Please re	eturn all correspon	idence ec	 	to the following:		
		JONA	THAN NORRIS			
				Name of Perso	n	
		360 C	USTOM ENTERPR	ISES LLC		
			<u>;</u>	Firm/Company	y.	
		2227	MORNINGSIDE DR	t		
				Address		
		CLE	RWATER FL 3376-	4		
				City/State and Zip	Code	<del></del>
		JONN	YN197@GMAIL.CC	OM to be used for future a	novel movet oviti	
For furth	ner information co	ncerning	this matter, please ca		imaa report noon	Carrily
JONAT	HAN NORRIS		! ]	727	687-2587	
	Name of	Person		at ( Area Code	Daytime	Telephone Number
Enclosed	I is a check for the	: followii	ng amount:			
☐ \$25.	00 Filing Fee		00 Filing Fee & rtificate of Status    -	S55.00 Filing Certified Co tadditional copy	рy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo:	NG ADD tion Sect of Corp x 6327 see, FL	ion orations	Reg Div Clil 266	REET/COURIF distration Section ision of Corpora ton Building 1 Executive Cen lahassee, FL 323	tions ster Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. 360 CUSTOM CONTRACTING LLC			
(Name of the Limited Liability Compa   (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.17000248574	were filed on 12/05/2017	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
360 CUSTOM ENTERPRISES LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2227 MORNINGSIDE DR		
(Principal office address MUST BE A STREET ADDRESS)	CLEARWATER FL 33764		
		- <u>A</u> -2:	
Enter new mailing address, if applicable:		PEC CAHA	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		2 €	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	da		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F.,	Lam familiar with and S. Or. if this document is	

If Changing Registered Agent, Signature of New Registered Agent

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 Type of Action **Title** <u>Name</u> **Address** □ Add ☐ Remove ☐ Change □ Add \_□ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove \_ Change \_□ Add \_□ Remove \_🛘 Change \_□ A**d**d ☐ Remove ☐ Change

If amen	ding any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary,)	
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ffective	o data if ather than	the date of filing: (optional)	
an effec	tive date is listed, the date	the date of filing:	irsuant to 605,02
<u>Vote:</u> H locumer	the date inserted in thit's effective date on th	is block does not meet the applicable statutory filing requirements, this date wil the Department of State's records.	I not be listed.
e reco	rd specifies a dela	$\left  \cdot \right $ ayed effective date, but not an effective time, at 12:01 a.m. on	the earlier
The 9	Oth day after the	record is filed.	tive edition
Dated	DECEMBER 11	2017	
_			
		Signature of a member or authorized representative of a member	
	JONATHAN NOR	RIS	
		Typed or printed name of signee	

Filing Fee: \$25.00