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COVER LETTER

TO:

Registration Section

| Division | of Corporat | ions | | | |
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| 360 SUBJECT: | CUSTOM E | NTERPRISES LLC | | * .** | |
| SUBJECT: | | Name of Lin | nited Liability Company | | |
| | | | | | |
| The enclosed Art | icles of Amen | dment and fec(s) are sub | omitted for filing. | | |
| Please return all o | orrespondenc | e concerning this matter | to the following: | | |
| · | JC | NATHAN NORRIS | | | |
| | | | Name of Person | | _ |
| | 36 | 0 CUSTOM CONTRAC | CTING LLC | | |
| | _ | | Firm/Company | · · · | |
| | 87 | 95 OAKHURST RD. | | | |
| | | | Address | | |
| | SE | MINOLE FI. 33776 | | | |
| | IO: | NYN197@GMAIL.CO | City/State and Zip Code | | ··· |
| | | | to be used for future annual | report notification) | <u> </u> |
| For further inform | ation concern | ing this matter, please c | | · | |
| JONATHAN NO | RRIS | | 727 683 at () Area Code | 7-2587 | |
| | Name of Person | 1 | Area Code | Daytime Telepho | one Number |
| Enclosed is a chec | k for the follo | wing amount: | | | |
| S25.00 Filing | Fee ≣ S | 30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is encl | | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Divisior P.O. Bo | ation Section of Corpora x 6327 | ations | Divisior The Cer | ition Section n of Corporatio nire of Tallahas | see |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

360 CUSTOM ENTERPRISES LLC (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 $\frac{12/05/2017}{12017}$ and assigned Florida document number L17000248574 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 360 CUSTOM CONTRACTING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 8795 OAKHURST RD. Enter new principal offices address, if applicable: SEMINOLE FL 33776 (Principal office address MUST BE A STREET ADDRESS) 8795 OAKHURST RD. Enter new mailing address, if applicable: SEMINOLE FL 33776 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 the 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 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 |
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| 27. 27. 22.00 | sending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| (If an et <u>Note:</u> | tive date, if other than the date of filing: | 7 (3)(s the |
| If the recordis fi | rd 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 led. | |
| Dated | Dirember 10 . 2020. | |
| | Signature of a member or authorized representative of a member | |
| | Signature of a memori of audiorized representative of a member | |
| | Jorcathan Norris Typed or printed name of signee | |

Filing Fee: \$25.00