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EXAMINER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Sec Division of Corp	tion orations		
SUBJECT: XSC XTR	EME SPORT CITY, L	_LC	
	(Name of Lin	nited Liability Company)	
The enclosed Articles of A	mendment and fee(s) are su	bmitted for filing.	
Please return all correspon	dence concerning this matter	r to the following:	
	C	HRISTIAN ALONSO	
	-	(Name of Person)	
	JOI	RGE H. RAMOS, P.A.	
		(Firm/Company)	
	150 ALHAI	MBRA CIRCLE, SUITE 1150	
		(Address)	
	CORAL G	ABLES, FLORIDA 33134	
		(City/State and Zip Code)	
For further information cor	ncerning this matter, please c	call:	
CHRISTIAN ALONS		at (305) 858-0220	
(Name of	Person)	(Area Code & Daytime T	elephone 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)
Registrat Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XSC X	TREME SPORT CITY, LLC	ords
(A F	iability Company as it now appears on our rec lorida Limited Liability Company)	<u>orus.</u>)
The Articles of Organization for this Limited Liab	pility Company were filed on 1/19/2006	and assigned
Florida document number <u>L06000006696</u>		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	
XSC XTREME SPORTS CITY, LLC		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the design	gnation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered offic		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida .	street address)
	. Flo	orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	tistered Agent:	
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as registed being filed to merely reflect a change in the reg company has been notified in writing of this cha	per and complete performance of my duties red agent as provided for in Chapter 608, i sistered office address, I hereby confirm the	s, and I am familiar with and F.S. Or, if this document is at the limited liability
	(11 Cusuguig Registered Agent, <u>Signsture</u>	OF New Registered Agent) HEIJAR SS

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FEBRUARY 1ST , 2008	Add Remove
nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	Add
mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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TACE OF THE PARTY	S
Signature of a member or authorized representative of a member	<u> </u>
JORGE H. RAMOS, ESQ	
Typed or printed name of signee Page 2 of 2	i W