# 610000 3204-2

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Office Use Only			



09/04/08--01023--008 \*\*60.00

FILED DB SEP -4 AM 10: 53 SECHETARY OF STATE MALLAHASSEE FLORIDA

M. THOMAS SEP - 5 2008 EXAMINER

### **COVER LETTER**

TO: Registration Section Division of Corporations

#### SUBJECT: EXTREME CRAFTS IV, 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:



For further information concerning this matter, please call:

PATRICIA J. DAVIS (Name of Person) at (602) 381.6573 (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) S60.00 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 Ŧ

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### EXTREME CRAFTS IV, 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 v	were filed on MARCH 26, 2007 and assigned			
Florida document number L07000032042	<i>o</i> .			
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabil</u>	Lity company here:			
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation				
"L.L.C."				
Enter new principal offices address, if applicable:	2575 E. CAMELBACK RD. #860 PHOENIX, AZ 85016			
(Principal office address MUST BE A STREET ADDRESS)	PHOENIX, AZ 85016			
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	P.O. BOX 32677 PHOENIX, AZ 85064-2677			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
	, Florida			
	(City) (Zip Code)			

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records: T

## MGR = Manager MGRM = Managing Member

I

,

<u>Title</u>	Name	Address	Type of Action		
MGR	FREDERICK MIDDLETON	999 WEST YAMATO RD., STE 100 BOCA RATON, FL 33431	Add Remove		
MGR	JOSEPH P. ANDERSON	2575 E. CAMELBACK R. SUITE 860 PHOENIX AZ 85016	Add 08 SEP - FILED Add SEP - FILED Add SSEP - HIS 53		
			Add Solar F		
		·	Add Jrn SS Remove		
			Add Remove		
			Add Remove		
D. If am	ending any other information, enter change(	s) here: (Attach additional sheets, if necessary.)			
		· · · · · · · · · · · · · · · · · · ·			
Dated	SEPTEMBER 3, 200 Patricia 9. Da				
Batricia J. Davw Signature of a member or authorized representative of a member PATRICIA J. DAVIS AUTHORIZED REP. Typed or printed name of signee Page 2 of 2					
Page 2 of 2					

Filing Fee: \$25.00