

107 000063598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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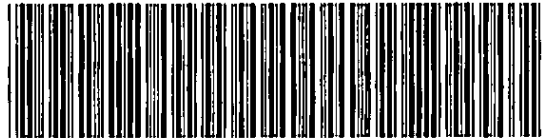
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

**TO: Registration Section
Division of Corporations**

Xtrafunds, LLC

SUBJECT: _____
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:

David Rosenberg

Name of Person

DHR Law

Firm/Company

1858 Ringling Blvd Suite 200

Address

Sarasota Florida 34236

City/State and Zip Code

david@dhrlaw.com

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

For further information concerning this matter, please call:

David Rosenberg

941

361-1153

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Xtrafunds 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 June 18, 2007 and assigned
Florida document number 107000063598.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1858 Ringling Blvd Suite 200

Sarasota Florida 34236

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1858 Ringling Blvd Suite 200

Sarasota Florida 34236

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

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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Clinton Paul Conway LLC	50 Central Ave Suite 900	<input type="checkbox"/> Add
		Sarasota Florida 34236	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Clinton Paul Conway LLC	1858 Ringling Blvd Suite 200	<input checked="" type="checkbox"/> Add
		Sarasota Florida 34236	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dianna L. Conway	50 Central Ave Suite 900	<input type="checkbox"/> Add
		Sarasota Florida 34236	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Casey L. Conway	1858 Ringling Blvd Suite 200	<input checked="" type="checkbox"/> Add
		Sarasota Florida 34236	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL

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

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.

Dated December 12

Signature of a member or authorized representative of a number

Clinton Paul Conway

Typed or printed name of signee