

L08000039005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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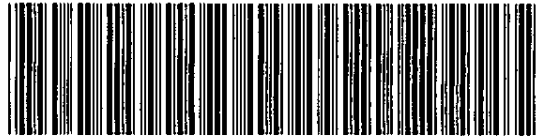
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2009 FEB -4 PM 1:05

FILED

C. LEWIS

FEB 5 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EXTREME INTELLIGENCE, 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:

MICHAEL DRAGONE

(Name of Person)

EXTREME INTELLIGENCE, LLC

(Firm/Company)

10380 SW VILLAGE CENTER DRIVE, 197

(Address)

PORT ST LUCIE, FLORIDA 34953

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL DRAGONE

(Name of Person)

at (772) 672-0393

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED

2009 FEB -4 PM 1:05

EXTREME INTELLIGENCE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/17/2008 and assigned
Florida document number 108000039005.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10380 SW VILLAGE CENTER DRIVE, 197

(Principal office address MUST BE A STREET ADDRESS)

PORT ST LUCIE, FLORIDA 34987

Enter new mailing address, if applicable:

10380 SW VILLAGE CENTER DRIVE, 197

(Mailing address MAY BE A POST OFFICE BOX)

PORT ST LUCIE, FLORIDA 34987

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:

MICHAEL DRAGONE

New Registered Office Address:

10380 SW VILLAGE CENTER DRIVE, 197

(Enter Florida street address)

PORT ST LUCIE

(City)

, Florida 34987

(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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CAROL DRAGONE	342 SW TULIP BLVD PORT ST LUCIE, FLORIDA 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MICHAEL DRAGONE	342 SW TULIP BLVD PORT ST LUCIE, FLORIDA 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BRANDON DRAGONE	342 SW TULIP BLVD PORT ST LUCIE, FLORIDA 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	AMANDA DRAGONE	342 SW TULIP BLVD PORT ST LUCIE, FLORIDA 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MICHAEL DRAGONE	10380 SW VILLAGE CENTER DRIVE, 197 PORT ST LUCIE, FLORIDA 34987	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated FEBRUARY 2, 2009

Signature of a member or authorized representative of a member

MICHAEL DRAGONE

Typed or printed name of signee

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2009 FEB -4 PM 1:05
CLERK OF STATE
TALLAHASSEE, FLORIDA