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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Extreme Yacht Signs & Designs By RANDY CIARK L.L.C. (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:
(Name of Person)
Extreme /acht Signs & Designs
2524 Sugnilar Live
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person)  at (954) 600-924/  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

ARTICLES OF	UNGANIZATION	<b>→</b>
	OF	)8 .
	_	
Extreme Vacht Signs & Design	1 2 2 2 1 1 1 C	LARY NO SET
(Name of the Limited Liability Com	pany as it now appears on ou	ir records.)
(A Florida Limited	d Liability Company)	P 2200
		STA STA
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>バルタ ネ</u>	and assigned
Florida document number <u>L08000044465</u> .		9 **
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Li L.L.C."	mited Liability Company," the	e designation "LLC" or the abbreviat
	colc	
Enter new principal offices address, if applicable:	971 Don't	1 SK7
Principal office address MUST BE A STREET ADDRESS)	Unit B	1 SR7 -10 100 FL 33317
	Dlawfel	1-12 E1 333/3
		JON PL JULY
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<del> </del>
B. If amending the registered agent and/or registered		cords, <u>enter the name of the n</u>
<u>egistered agent and/or the new registered office address h</u>	<u>ere</u> :	
Name of New Registered Agent:		
		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	·····	
	(Enter Flo	orida street address)
		, Florida
<del></del>	(City)	
	1 = 1.77	(

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

MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Name</u> **Address** Remove **ॉ** Add Remove ☐ Add ☐ Remove **∐** Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00