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09 JUL 20 PH 4: 0:
SECRETARY OF STATE
AND AHASSEE FERRING

D. BRUCE

JUL 2 1 2009

EXAMINER

COVER LETTER

TO: Registration Secti Division of Corpo					
SUBJECT: EXT	Verue Gea Name of Limit	ted Liability Company			
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
	Chu Ext	Name of Person Verue Gear LL Firm/Company			
	3936 W	w 20 nd 5t. Address		- en f	
			3266_	09 JUL 20 PH SECRETARY OF ALLAHASSEE, F	
For further information cond	cerning this matter, please ca	ail:		PH 4: 0 OF STATE E. FLORI	J
Chris L Name of Po	iU7-7-0 erson	at (<u>944) 594–5</u> Area Code & Daytime	7 Telephone Number	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Enclosed is a check for the f	following amount: \$30.00 Filing Fee & Certificate of Status	555.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	sed)

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

Extreme (Sear. Lhe		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on nited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Con	_/	and assigned	
Florida document number LOXCOCO45088.	•	,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>	200	
		2 1.2 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	
Enter new mailing address, if applicable:		E.C.	
(Mailing address MAY BE A POST OFFICE BOX)		P. E. M	
		DRIID O	
		,	
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres	ed office address on our i <u>s here</u> :	records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	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 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 **Title** Name 1 <u>Address</u> **Type of Action** Mank Pontaine Repitore, Jacqualine -Remove Remove Add ∏Add Remove Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00