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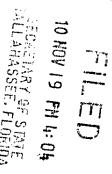
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D. BRUCE

NOV 19 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co		
SUBJECT: X+	ream Technologies LLC  Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspondent	ondence concerning this matter to the following:	
	Howard L Allison Name of Person	
	Firm/Company	
	18208 Ferry Aue Address	
	Brooksulle FL 34604 City/State and Zin Code	
For further information of	concerning this matter, please call:	<u>п</u>
Howard Name o	E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  Allison  at (35Z) 345-85Z7  of Person  Area Code & Daytime Telephone Number	ラ
Enclosed is a check for t	he following amount:	
\$25.00 Filing Fee	Solution Filing Fee & Solution Status Solution	١

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

_ Xtream rechno	logies LLC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny a lit now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>上の900०6年年</u> !	were filed on Septa9, 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:
nla	
The new name must be distinguishable and end with the words "Lim 'L.L.C."	
Enter new principal offices address, if applicable:	new 15635 Charmwood Dr Hudson, Fel 34667
(Principal office address MUST BE A STREET ADDRESS)	Hudson, F.S. 34667
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Krystal Gaudig 15635 Charmwood Dr. Hudson, Floy687
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent: 5ame	The contract of the contract o
New Registered Office Address:	AM O TI
	Enter Florida street address
	City, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agr	ree to act in this capacity. I further agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** Name-<u>Address</u> **Type of Action** Howard Allison 18208 Ferry Ave Brookspille Re34604 ☐ Add Remove Add Remove Add Remove ∏Add ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 18 BO 10 Howard JAlland Journal Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00