(Re	equestor's Name)	
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(C)	t. 10toto 17:0 (17to ou o	40
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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G. MCLEOD EXAMINER



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## **COVER LETTER**

	istration So ision of Co				
SUBJECT:	EX	TREME CHAOS EN	TERTAINMENT GRO	OUP LLC	
	-	Name of Limi	ted Liability Company	· · ·	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
			ANDRE DIXON  Name of Person	·	
		EXTREME CF	HAOS ENTERTAINMENT Firm/Company	GROUP	
			•		
	4760 W ATLANTIC BLVD SUITE 204 Address				
			COCONUT CREEK City/State and Zip Code		
			FLORIDA 33063		
		E-mail address: (	to be used for future annual report no	etification)	
For further in	nformation o	concerning this matter, please of	call:		
	A١	IDRE DIXON	at (_954_)	657-1640	
	Name o	of Person	Area Code & Dayt	ime Telephone Number	
		the following amount:			
<b>₹25.00</b> Fi	lling Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		ING ADDRESS:		RIER ADDRESS:	
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Tallahassee, FL	Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXTREME CHAOS ENTER	RTAINMENT	GROUP LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	01/26/2010	_ and assi	gned
Florida document numberL1000009073				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation "LL	C" or the a	bbreviation
Enter new principal offices address, if applicable:	4760 W.ATL	ANTIC BLVD		<del></del>
(Principal office address MUST BE A STREET ADDRESS)	SUITE 204		- Argentine	2
	COCONUT	CREEK FLORIDA 3	3063	- <u>86</u>
Enter new mailing address, if applicable:			17 -5	H CHARLE
(Mailing address MAY BE A POST OFFICE BOX)			⊋	5.5 6.5 6.5 6.5 6.5 6.5 6.5 6.5 6.5 6.5
			- <del>-</del>	3.
			5	
B. If amending the registered agent and/or registered of		our records, enter the	e name of	f Hie new
registered agent and/or the new registered office address her	<u>'e</u> :			
Name of New Registered Agent:	···			
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida	Zip Code	
	~y		zip couc	

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>	Address	Type of Action			
MGR	ANDRE DIXON	4760 W.ATLANTIC BLVD SUITE 204 COCONUT CREEK FLORIDA 33063	Add Remove			
MGR	MICHELLE DENNIS	4760 W.ATLANTIC BLVD SUITE 204 COCONUT CREEK FLORIDA 33063	Add Remove 			
			Add Remove 			
			Add Remove			
<u> </u>	<del></del>		Add Remove			
			Add Remove			
D. If ame	ending any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)	_			
-			<del>-</del>			
-			_ _			
Dated	05/01/10	, <u>2019</u> .				
	Signature of a member or authorized representative of a member					
	2-5	ANDRE DIXON				
	Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00