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COVER LETTER

TO:	Registration Second Division of Corp			, ·			
SUBJI	ЕСТ: <u>Х</u>	TREME	SPOR	TSWEAR	44		
		N	ame of Limi	ted Liability Cor	npany		
The en	closed Articles of A	mendment and f	ee(s) are sub	omitted for filing			
Please	return all correspon	dence concernin	g this matter	to the following	:		
			<u>'hristo</u>	Pher Bu	TLER		
		_ .	XTREM	E SPOR	TS N CAK	LLC	
			229	LA Kevie Address	w 0x		
			coral	Springs City/State and Z	FL Sip Code	3307	1
		E-m	iail address: (to be used for futur	e annual report no	otification)	· · · · · · · · · · · · · · · · · · ·
For fur	ther information cor	ncerning this ma	tter, please c	all:			
	Christopher Name of I	BUTLER		at (<u>95</u>	4) 651 - Area Code & Day	-448 time Teleph	7 one Number
Enclos	ed is a check for the	following amou	nt:				
□\$25	.00 Filing Fee	■\$30.00 Filing Certificate	g Fee & of Status	\$55.00 Fili Certified (addition			\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		NG ADDRESS:			STREET/COU		DRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



October 19, 2010

CHRISTOPHER BUTLER 229 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071

SUBJECT: XTREME SPORTS LLC Ref. Number: W10000049043

We have received your document for XTREME SPORTS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 910A00024674

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



XTRÉMÉ	SPORTSWEAK	11.6	10 001 29 PH 2: 56
(Name of the Limited I	Liability Company as it now a Florida Limited Liability Comp	ppears on our reco	
		1	_
The Articles of Organization for this Limited Lia	• •	09/21/	20 to and assigned
Florida document number <u>L 1000009</u>	<u>8591</u> .		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability compan	<u>y here</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability (Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/of		on our records.	enter the name of the new
registered agent and/or the new registered off		•	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address:		Enter Florida str	eet address
		Flor	rida
	City	, 1101	rida Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:		
I hereby accept the appointment as registered	avent and avree to act in t	his canacity. I furi	ther garee to comply with
the provisions of all statutes relative to the pro	oper and complete perform	ance 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:

			Add Remove Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amending	g any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	FILED FILED SECRETARY OF STATE DIVISION OF CORPORATION OF CORPORAT
Dated	· · · · · · · · · · · · · · · · · · ·		ATE ATTON:

Page 2 of 2

Filing Fee: \$25.00