1/10000//12/

Office Use Only



600208698006

06/14/11--01013---018 **60.00



D. BRUCE

JUN 15 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: X-Treme Auto Center LLC Name of Limited Liability Company	
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:	
Lyle G La Croix Name of Person	
Name of Person	
X-Treme Auto Center LLC Firm/Company	
Firm/Company	
10634 US Hwy 19	
Address	
Port Richey FL 34668 City/State and Zip Code	AAT JUN
· · · · · · · · · · · · · · · · · · ·	- 32 E F
E-mail address: (10 be used for future annual report notification)	
	PS TO
For further information concerning this matter, please call:	<u> </u>
Lyle G La Croix at (727) 267-5088	3.~
Name of Person Area Code & Daytime Telephone	Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Co (additional copy is enclosed) Co	.00 Filing Fee, ertificate of Status & ertified Copy dditional 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 OF

C GAITER

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on	
A. If amending name, enter the new name of the limited liability company	ny here:
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	ASSEC BY THE
Enter new mailing address, if applicable:	97.75 50
(Mailing address MAY BE A POST OFFICE BOX)	>
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

Zip Code

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** <u>Name</u> <u>Address</u> **Type of Action** Garth Alexander MGRM ☐ Add Remove ☐ Add ☐ Remove ☐ Add _ Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member P Latroix
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00