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SECRETARY OF STATE

J. BRYAN

APR 1 3 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	X trome Re	novation LLC	
	Name of Lim	ited Liability Company	
	f Amendment and fee(s) are subsendence concerning this matter	-	
r lease return an corresp	ondence concerning this matter	to the following.	
	Juan C	Name of Person	
		Name of Person	20 3
	x treme R	unocation L.L.C Firm/Company	
		Firm/Company	2012
	5650 NW 3	74th pl. #104	TAPRIZ PAIR: 08 MAPRIZ PAIR: 08 SECRETARY OF STATE FALLANASSEE, FLORIT
		Address	E ST R. C
	Coconut Car	City/State and Zip Code	RATE DE
		City/State and Zip Code	
	Enfail address: (O Gmail - Com to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	call:	
cluan C	Conzález	at (954) 254 23 Area Code & Daytime T	66
Name	of Person	Area Code & Daytime T	Felephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional 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

X treme Konova	tion LLC	, sec
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears o da Limited Liability Company)	<u>n our records,)</u>
The Articles of Organization for this Limited Liabilit	y Company were filed on _04/	06/2011 20 and assigned
Florida document number <u>L/1/00004/12</u> 72		
This amendment is submitted to amend the following	; .	n our records.)
A. If amending name, enter the new name of the l	limited liability company here:	CORP.
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Fintor	Florida street address
	Enter	
	City	, Florida 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 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 **Type of Action Title** Name 1 **Address** John Sellon 5356 ne 5th Ave Fortlouder dale FL, 33334 MGRM Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 04/07/2011 nember or authorized representative of a member Signature Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00