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Office Use Only



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COVER LETTER

TO: Registration of Division of	Corporations
SUBJECT:	EXTNEME EARTHWORKS
	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all corr	respondence concerning this matter to the following:
	Name of Person EXTUGUE DANTHWOULG Firm/Company
	Name of Person
	EXTREME BANTHWOULG
	Firm/Company
	STOI PINE MEE RD
	DANAMA Lity, FZ 32404 City/State and Zip Code
	b-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
	CKASAS at (850) 348 - 1475 Area Code Daytime Telephone Number
N:	une of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing Fe	ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified 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

EXTHENE EARTHWORKS

FILE

Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

1:1 G 52 130 RB

Zip Code

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 here:

Florida document number <u>L110000 76771</u>

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADI	DRESS)
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the r</u> <u>ldress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	, Enter Florida street address
·	. Florida

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 605, 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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBIL	KEUN CHANDER KNAMS	S701 PINE the 120, DC, FL	32404 Add
		S701 pine the 120, pc, FL LANKY Craw	Remove
			□ Change
MGR	LEEAllie KRAAS	5701 PINETIME RD, Pun.	EL SLYDY Add
		Stol pinethe RD, Ping.	Remove
		·	' □ Change
			Remove
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Note: 1	ctive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated _	12/15/ 2018
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00