

LI 000082064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

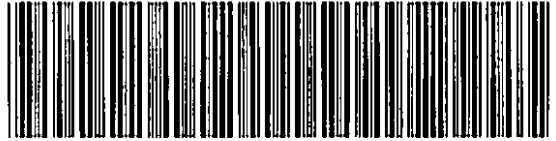
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900364355029

04/21/21--01009--026 **50.00

DEPT OF STATE
TALLAHASSEE, FLORIDA

2021 APR 21 PM 4:10

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Exterra Enterprises LLC

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:

Rex A Wilson

Name of Person

Exterra Enterprises LLC

Firm/Company

967 Sebastian Blvd, Ste A

Address

Sebastian, FL 32958

City/State and Zip Code

rex@rrgunshop.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberta Wilson

772 646-0579

Name of Person

at (_____) _____
Area Code

Daytime Telephone 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Exterra Enterprises LLC

(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 July 18, 2011 and assigned
Florida document number L11000082064.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

967 Sebastian Blvd

Ste A

SEbastian, FL 32958

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

967 Sebastian Blvd

Ste A

Sebastian, FL 32958

FILED
2021 APR 21 PM 4:10
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

City

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 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.

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	William C. Wilson	422 Mango Ave	<input type="checkbox"/> Add
		Sebastian, FL 32958	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rex A. Wilson	405 Watercrest St	<input type="checkbox"/> Add
		Sebastian, FL 32958	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Roberta S. Wilson	405 Watercrest St	<input type="checkbox"/> Add
		Sebastian, FL 32958	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2025 APR 21 PM 4:10
 TALLAHASSEE, FLORIDA
 DEPT. OF STATE

2021 APR 21 PM 4:10
HALL COUNTY STATE
TALLAHASSEE, FLORIDA

2021 APR 21 PM 4:10
STATE
TALLAHASSEE, FLORIDA

10

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 18, 2021

Signature of a member or authorized representative of a member

Rex A. Wilson
Typed or printed name of signee

Filing Fee: \$25.00