

L120000030334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

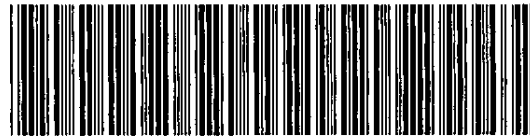
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12 JUL 19 AM 7:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cell Xtreme 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:

Othman Suqi

Name of Person

Cell Xtreme LLC

Firm/Company

1208 N MISSOURI AVE

Address

LARGO FL 33770

City/State and Zip Code

asuqi@yahoo.com

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

For further information concerning this matter, please call:

Othman Suqi

Name of Person

at (973)

8640103

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Cell Xtreme 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 3/2/12 and assigned
Florida document number L12000030334.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1208 N MISSOURI AVE

(Principal office address MUST BE A STREET ADDRESS)

LARGO FL 33770

Enter new mailing address, if applicable:

1208 N MISSOURI AVE

(Mailing address MAY BE A POST OFFICE BOX)

LARGO FL 33770

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:

Othman Suqi

New Registered Office Address:

1208 N MISSOURI AVE

Enter Florida street address

LARGO

, Florida

City

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 JUL 19 2012
FILED
33770
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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

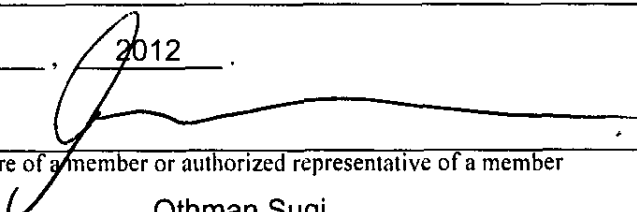
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	REYAD ZABEN	18013 FOREST RETREAT LANE	<input type="checkbox"/> Add
		TAMPA FL 33647	<input checked="" type="checkbox"/> Remove
MGR	Othman Suqi	47 Winding Way	<input checked="" type="checkbox"/> Add
		Wayne, NJ 07470	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated July 10th, 2012



Signature of a member or authorized representative of a member

Othman Suqi

Typed or printed name of signee