## 11200057742

	<u> </u>
	(Requestor's Name)
	(Address)
	(Address)
1	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
Ī	(Document Number)
Če	ertified Copies Certificates of Status
	Special Instructions to Filing Officer:
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SECRETARY OF STATE

## **COVER LETTER**

TO	Registration Section Division of Corporatio	n's		
SE	BJECT: XTRE	ME PRODUC	ITS LLC	
3 <b>0</b> 		Name of Limit	ed Liability Company	
Th	e enclosed Articles of Amendr	nent and fee(s) are subm	nitted for filing.	
	ase return all correspondence			
		SCHUYLE	R R EUPT	
1			Name of Person	
		XTREM	Firm/Company	
∦	-	GVIS MOR	ROW ST E, #21	<u> </u>
		JAX A	32217	
		<u> </u>	City/State and Zip Code	
	_	E-mail address: (To	32217 City/State and Zip Code  V USAS + Vden + loa  be used for future annual report noti	fication)
For	further information concerni			
	SCHUYLER,	R ELHOTT	at ( <u>904</u> ) <u>234</u> Area Code Daytim	8167
	Name of Person	-	Area Code Daytim	e Telephone Number
En	closed is a check for the follow	wing amount:		
<u> </u>		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 A		STREET/COURI Registration Section	
	Registration <b>\$</b> e Division of Co	rporations	Division of Corpor	
	P.O. Box 63 <b>27</b> Tallahassee, FI		Clifton Building 2661 Executive Ce	enter Circle
$\  \ $	i ananasice, pi	∓ 1 لايد ي	Tallahassee, FL 32	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	$\parallel$ $\lambda$	TREME PRODUC	ers Lic	
		Name of the Limited Liability (A Florida L	Company as it now appears on our reclimited Liability Company)	ords.)
l	!	or this Limited Liability Co.	mpany were filed on <u>4/</u> ュロ) な	and assigned
Ti	is amendment is submitted	to amend the following:		
A	If amending name, <u>enter</u>	the new name of the limite	ed liability company here:	
Th	e new name must be distinguisha	le and contain the words "Limite	ed Liability Company," the designation "	LC" or the abbreviation "L.L.C."
E	  ter new principal offices a	ddress, if applicable:		<del></del>
P	 rincipal office address MU	ST BE A STREET ADDRE	<u>(SS)</u>	<b>8</b> (CS)
				AH AS
	nter new mailing address,	f annliachla:		1 <b>5</b>
		• •		FL.C.
	failing address MAY BE A	POST OFFICE BOX)		- STE
B.	1.7	ered agent and/or registe lew registered office addre		ords, enter the name of the new
	Name of New Regis	ered Avent		
	New Registered Off	ce Address:	Enter Florida street ad	dress
				Florida
			City	Zip Code
No.	w Registered Agent's Signa	ture, if changing Registered .	Agent:	
pr ac be	ovisions of all statutes recept the obligations of m	ative to the proper and cor position as registered age a change in the registered	nd agree to act in this capacity. In this capacity. In plete performance of my duties on the provided for in Chapter 66 office address, I hereby confirm	95, F.S. Or, if this document is
	4		If Changing Registered Agent, Signatu	ire of New Registered Agent

	g Authorized Per from our record		nage, enter the title, name, and address of each	person being added
MGR = M		}		
<u>Title</u>	<u>Name</u>		Address	Type of Action
AMBR	KAMLI	END ARNOLD	6015 MORROWST E ZIE	Add
		1	JAX FL 32217	□ Remove
				Change
			<del></del>	
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Page 2 of 3

D.	 	ame	nding any other in	formation, enter change(s) here: (Attach additional sheets, if necessary.)		
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E	Ef	fecti	ive date, if other th	an the date of filing: TAN 1 3018 (optional) ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant	to 605.0207 (	3)(b)
	N	ote:	If the date inserted in	this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	e listed as th	ic
		carr	em seriette date e.			
I()			cord specifies a d 90th day after ti	elayed effective date, but not an effective time, at 12:01 a.m. on the second is filed.	earlier of:	
		atad	MAREH	14 . 2018 .		
		aicu ,		16/42/2		
				Signature of a member or authorized representative of a member	<del>_</del>	
			C			
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Typed or printed name of signee		
				Page 3 of 3		

Filing Fee: \$25.00