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SECRETARY OF STATE DIVISION OF CORPURATIONS

JUL 1 6 2013 T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

Extreme Overdrive 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:

Justin D Taylor

Name of Person

Extreme Overdrive LLC

Firm/Company

10737 New Kings RD

Address

Jacksonville FL 32219

City/State and Zip Code

justint469@gmail.com

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

For further information concerning this matter, please call:

Justin D Taylor

at (904) 209 8107

Name of Person

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Extreme Overdrive LLC			
(Name of the Limited	Liability Company as it now Florida Limited Liability Com	appears on our records.)	
(**	Tronda Billinaa Bilability Coll	pung)	
The Articles of Organization for this Limited Li	ability Company were filed o	on October 15, 2012	and assigned
Florida document number L12000130830			SEC DIVISI
i iorida document number	 •		SEC JISH J
This amendment is submitted to amend the follo	owing:		SECRETARY SECRETARY 13 JUL 15
A. If amending name, enter the new name of	f the limited liability compa	ny here:	AH 10:
	•		-10 -10 -13 -13 -13 -13 -13 -13 -13 -13 -13 -13
The new name must be distinguishable and end wit	h the words "Limited Liability	Company," the designation "LL	****
"L.L.C."	•		<u>ئ</u> ئ
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	- · · · · · · · · · · · · · · · · · · ·		
Trincipul Office didress MOST BE A STREE	<u> </u>		
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/		s on our records, enter the	e name of the new
registered agent and/or the new registered of	tice address here:		
	luctic D Toulor		
Name of New Registered Agent:	Justin D Taylor		
New Registered Office Address:	10737 New Kings RE		
		Enter Florida street addre	2SS
	Jacksonville	, Florida <u>322</u>	<u>:</u> 19
	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 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

<u>Title</u>	Name	Address	Type of Action
MGRM	Casey R Hammond	1717 Country Road 220 Apt 310	1 Add
		Jacksonville, FI 32003	Remove
MGRM	Justin D Taylor	9485 Valerie ST	✓ Add
		Jacksonville FL 32208	Remove
-			Add
			Remove
			SECRETABY OF SENTE SECRETABY OF SENTE SENTE SECRETABY OF SENTE SENTE SECRETABLE SECRETAB
			Add
			Add

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Da	July 10 , 2013 .
	Just. D Tale
	Signature of a member or authorized representative of a member
	Justin D Taylor
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

DIVISION OF AMIO: 50