

L12000156615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

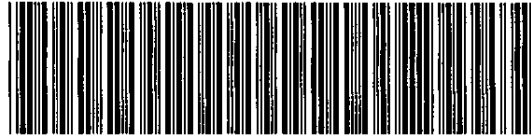
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

G. MCLEOD

DEC 20 2012

EXAMINER



200242224062

12/19/12--01001--018 \*\*25.00

FILED  
12 DEC 19 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Exxxtras Enterprise 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:

**Lourdes Gutierrez**

Name of Person

**Exxxtras Enterprise LLC**

Firm/Company

**2526 W 71 PI**

Address

**Hialeah FL 33016**

City/State and Zip Code

**exxxtras121212@yahoo.com**

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

For further information concerning this matter, please call:

**Lourdes Gutierrez**

Name of Person

at ( **305** ) **562-5892**

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**

\_\_\_\_\_  
**(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 \_\_\_\_\_ and assigned  
Florida document number L12000156615

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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 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> | <u>Name</u>       | <u>Address</u>   | <u>Type of Action</u>                   |
|--------------|-------------------|------------------|---|
| MGR          | Lourdes Gutierrez | 2526 W 71 PI     | <input checked="" type="checkbox"/> Add |
|              |                   | Hialeah FL 33016 | <input type="checkbox"/> Remove         |
|              |                   |                  |   |
|              |                   |                  | <input type="checkbox"/> Add            |
|              |                   |                  | <input type="checkbox"/> Remove         |
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|              |                   |                  | <input type="checkbox"/> Add            |
|              |                   |                  | <input type="checkbox"/> Remove         |
|              |                   |                  |   |

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

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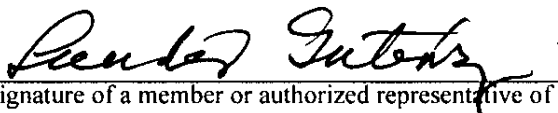
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Dated December 17, 2012.



Signature of a member or authorized representative of a member

Lourdes Gutierrez

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**