# L130000 76056

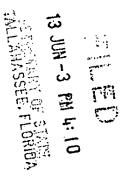
(Re	questor's Name)	
(Ad	dress)	222222
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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# **COVER LETTER**

TO: Registration Se Division of Cor			
Extre	me Police Sup	ply	
SUBJECT:	<del></del>	ed Liability Company	<b>3</b>
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	SEED FLOOR
	Manuel Regu	ueira	
		Name of Person	
	Extreme Poli	ice Supply	ب معقور ب
		Firm/Company	
	9016 NW 25	St.	
		Address	
	Doral,Fl. 331	72	
		City/State and Zip Code	
	manny@extremep	o be used for future annual report notification	
For further information of	concerning this matter, please ca	•	ou <sub>7</sub>
Manuel Re	gueira	305 471-4869	9
Name o	of Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for t	he 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 Police Supply		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	is.)
The Articles of Organization for this Limited Liability	Company were filed on 05/23/2013	and assigned
Florida document number L13000076056		
Tionaa document namber	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the wo	ands "Limited Liability Company" the designs	tion "I I C" or the abbreviation
"L.L.C."	ids Ellinieu Liabinty Company, me designa	tion the of the appreviation
T7		· 🚉 🐱
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<b>∂</b>
	<del></del>	
B. If amending the registered agent and/or regis		nter the name of the new
registered agent and/or the new registered office add	<u>lress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	. Flori	da
<del></del>	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 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 **Title** <u>Name</u> **Address Type of Action** 9016 NW 25 St. Herretes, Francisco MGR Add Doral, Fl. 33172 Remove Remove •Remove 11 Remove Remove Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
d	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Manuel Representative of a member  Typed of printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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