13000119521

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COVER LETTER

Registration Section Division of Corporations

TO:

XTREME I	MATS, LLC		
30bJEC1:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BRANDON BURKEY		
		Name of Person	
	XTREME MATS, LLC		
		Firm/Company	
	4306 SHADER RD. SUI'I	TE 900	
		Address	
	ORLANDO, FL 32808		
		City/State and Zip Code	
	BRANON@XTREMEMA		
	E-mail address: (to be used for future annual report no	tification)
For further information co	oncerning this matter, please c	all:	
BRANDON BURKEY		407 392-0950 at ()	
Name of Person		Area Code Daytir	ne Telephone Number
Enclosed is a check for th	e 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 S		Street Address: Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee F		The Centre of	Tallahassee
rananassee F	1. 3/314	/4 ↑N M∩nr/	se Street Stute XIII

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XTREME MATS, LLC

(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our recor ited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number L13000119521	pany were filed on $\frac{08/23/2013}{}$	and assigned
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 contain the words "Limited I	.iability Company." the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2024 APR 2
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, ente	•
		80
Name of New Registered Agent:		
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street addre	:55
-		lorida
New Registered Agent's Signature, if changing Registered Age	City	Zip Code
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capacity. I fi lete performance of my duties, a as provided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is
<u>ire</u>	Changing Registered Agent, Signature	of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LAIRET, SALVADOR	455 LAKEWOOD DRIVE	□ Add
		WINTER PARK, FL 32789	≣Remove
			□Change
MGRM	CAMACHO, ESDRAS	664 FANNING DR	□Add
		WINTER SPRINGS, FL 32708	≅Remove
			□Change
			□Add
			🗆 Remove
			□Change
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ffective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo ocument's effective date on the De	be specific and cannot be priced does not meet the appl	or to date of filing or more icable statutory filing r	(optional than 90 days after filing equirements, this dat	g.) Pursuant to 605.0207
record specifies a delayed effective	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) T	he 90th day after the
d is filed.				
d is filed. APRIL 24th	2024			
d is filed.	2024	1		
d is filed. Dated APRIL 24th	2024 Signiture of a member or an	horized representative of	a member	

Filing Fee: \$25.00