Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EXTREME ATHELTES TRAINING FACILITY, LLC.

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COVER LETTER

:OT

Registration Section Division of Corporations

SUBJECT:

EXTREME ATHELTES TRAINING FACILITY, 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:

GUSTAVO E. MACLAO, MGR

Name of Person

EXTREME ATHELTES TRAINING FACILITY, LLC.

Firm/Соприлу

3591 SW 143RD AVENUE

Addres

MIRAMAR, FL 33027

City/State and Zip Code

extremeathletes@yahoo.com

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

For further information concerning this matter, please call:

Gustavo E. Maclao

,,786,9424931

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

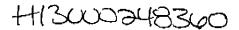
□\$30.00 Filing Fee & Certificate of Status

U\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

U\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TIVES TS: 36 30E633666



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

If amending name, enter the new name of the limited liability company here: XTREME ATHLETES TRAINING FACILITY, LLC. The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation L.C." There new principal offices address, if applicable: The new mailing address, if applicable:	EXTREME ATHELTES TRAININ			
is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: XTREME ATHLETES TRAINING FACILITY, LLC. In new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation L.C." Inter new principal offices address, if applicable: Inter new mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	(Name of the Limited Liabilit (A Florida	y Company as if now appears on our records. Limited Liability Company)		
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New Registered Office Address: Enter Florida street address , Florida	registered agent and/or the new registered office ad		er the name of the new	
Enter Floridu street address , Floridu	Name of New Registered Agent:			
, Florida	New Registered Office Address:			
		Enter Floridu street address		
City Zip Code				
		City	Zip Code	

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

Page 1 of 3

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:

<u>jtle</u>	<u>Name</u>	Address	Type of Action
			Add
	•		Remove
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		****	Add
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			Remove

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D. If amending any other informa	tion, enter change(2) here: (Attach additional sheets, i,	(necessary.)
		
Dated November 8	<u>/</u>	
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Signatory Signature Signat	nature of a member or authorized representative of a membe CISO	r .
///	Typed or printed name of signee	
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