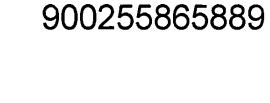
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(Requestor's Name)			
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PICK-UP WAIT MAIL			
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(Document Number)			
Certified Copies Certificates of Status			
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01/28/14--01001--020 **25.00



COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Xtreme Fat Bikes and Components, 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:

Thomas E. Coghill, Sr.

Name of Person

Firm/Company

133 SE 18th Avenue

Address

Deerfield Beach, FL 33441

City/State and Zip Code

tommi1447@gmail.com

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

For further information concerning this matter, please call:

Thomas E. Coghill, Sr.

_{ar} 954 570-5870

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

Xtreme Fat Bikes and Components, LLC

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears of ted Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on 12/19/	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 end with the words "L.L.C."	'Limited Liability Company,	" the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		Fee	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:		(T)	
(Mailing address MAY BE A POST OFFICE BOX)		25. 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 .	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter the name of the new	
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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title **Type of Action** <u>Name</u> **Address** 133 SE 18th Avenue Nancy I. Coghill **MGR** Deerfield Beach, FL 33441

D. If amending any other informa	tion, enter change(s) here: (Attach add	ditional sheets, if necessary.)
· · ·		
E. Effective date, if other than the	date of filing:	(optional) an 90 days after filing.) (605.0207 (3)(b)
	. 2014	
Mon ?	gnature of a member or authorized represen	ntative of a member
Thomas	E. Coghill, Siz. Typed or printed name of sign	nee
	Page 3 of 3	

Filing Fee: \$25.00