1400096304

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE.

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COVER LETTER

то:	Registration Se Division of Cor	ction porations		
.,,		EXTREME	EMAIDS.COM, LLC	
SUBJ	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleaso	e return all correspo	ndence concerning this matter	to the following:	
			CARL SEVERE	
			Name of Person	
			EXTREME MAIDS LLC	
			Firm/Company	
		301	W PLATT STREET UNIT 16	
			Address	
			TAMPA, FL 33606	
			City/State and Zip Code	
			cmparentcorp@gmail.com	
		E-mail address: (to be used for future annual report no	tification)
For fu	irther information c	oncerning this matter, please c	all:	
	CARL S	EVERE	813 at ()	693-1976
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclo	sed is a check for th	ne following amount:		
□ \$2	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

17/LED 2017 OCT -2 PH 1152

	EXTREMEMAIDS.COM, LLC	rs Scotte	TAM 1:52
(Name of the Limite	EXTREMEMAIDS.COM, LLC d Liability Company as it now appear A Florida Limited Liability Company)	s on our records.) I A_{F_1}	ASSEE, FLORID
The Articles of Organization for this Limited Lia Florida document numberL14000096304	ibility Company were filed on	07/17/2014	and assigned
This amendment is submitted to amend the follo			
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
	EXTREME MAIDS LLC		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
Principal office address MUST BE A STREET			
Trincipal office was too 12001 DB 11 B11 BB2			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE E	PAV)		
Manung dauress MAT BE A FOST OFFICE E	<u></u>	······································	. <u>.</u> .
B. If amending the registered agent and/oregistered agent and/or the new registered off	· ·	our records, enter	the name of the no
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
Negistered Office Addiess.	Enter Flor	ida 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 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 = Man	ager norized Member		FILED	
<u>Title</u>	<u>Name</u>	<u>Address</u>	FILED 2017 OCT -2 PM 115 VALUAHASSEE FLORID	ZType of Action
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Effective of	late, if other than the date of	filing: (optional) ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If th	e date inserted in this block does	s not meet the applicable statutory filing requirements, this date will not be listed as
document's	s effective date on the Departmen	nt of State's records.
	specifies a delayed effect th day after the record is f	tive date, but not an effective time, at 12:01 a.m. on the earlier of
THE 900	in day after the record is r	nea.
_	SEPTEMBER 29	2017
Dated	SEPTEMBER 29	· · · · · · · · · · · · · · · · · · ·
		1 h 2 10 -
	Signatur	e of a member or authorized representative of a member
		<i>'</i>
		CARL SEVERE

Page 3 of 3

Filing Fee: \$25.00