

115000160328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

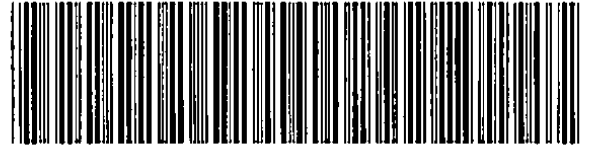
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/05/19--01019--005 **100.00

2019 JUN -5 PM 6:40

FILED

C. GOLDEN

JUN 21 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Urban Extreme, 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:

Timothy M. Shippee

Name of Person

Hathaway & Reynolds, PLLC

Firm/Company

50 A1A North, Suite 108

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

mpguthrie@gmail.com

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

For further information concerning this matter, please call:

Timothy Shippee

904 280-5526

at (_____) _____

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

FILED

2019 JUN -5 PM 6:40

URBAN EXTREME, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 21, 2015 and assigned Florida document number L15000160328

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 Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

1870 Challen Avenue

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32205

Enter new mailing address, if applicable:

1870 Challen Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32205

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Michael Guthrie

New Registered Office Address:

1870 Challen Avenue

Enter Florida street address

Jacksonville

City

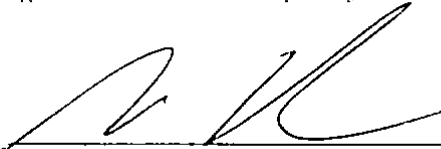
Florida 32205

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.

Sign
Here



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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael Guthrie	1870 Challen Avenue	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32205	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Daniel Shnader	4303 Hayes Street	<input type="checkbox"/> Add
		Hollywood, FL 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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