

L15000162399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000287669050

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
JUL 12 PM 2:12

07/12/16--01013--020 \*\*25.00

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA

2016 JUL 11 AM 11:03

JUL 12 2016

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: XTREME Touch 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:

George Macario  
Name of Person

Firm/Company

270 SW Voltair Terr  
Address

Port St Lucie FL 34984  
City/State and Zip Code

jdn212121@comcast.net  
E-mail address: (to be used for future annual report notification)

FILED  
STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FL  
16 JUL 12 PM 2:12

For further information concerning this matter, please call:

George Macario at (772) 380-2862  
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 Touch 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 9/23/2015 and assigned Florida document number L15000162399

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

XTREME AUTO DETAIL LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL 12 PM 2:12

**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:

New Registered Office Address:

Enter Florida street address

City

, Florida

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 = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
16 JUL 18 PM 3:12

46 JUL 17

FILED STATE  
SECRETARY, FLORIDA  
TALLAHASSEE  
JUL 12 PM 2:12

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 30, 2016

Signature \_\_\_\_\_

Signature of a member or authorized representative of a member

George Hernandez Macario  
Typed or printed name of signee