

L15000 186064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

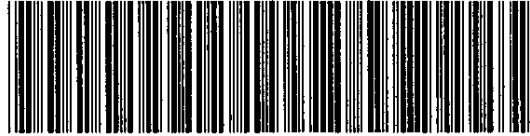
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000286361730

06/01/16--01010--013 **60.00

2016 MAY 31 PM 4:42
TALLAHASSEE, FLORIDA

16 MAY 31 PM 5:02
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Xtreme 360 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:

Sarah Ann Varga

Name of Person

Xtreme 360 LLC

Firm/Company

820 Willowbranch Ave.

Address

Clearwater, FL 33764

City/State and Zip Code

x360.sarah.varga@gmail.com

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

For further information concerning this matter, please call:

Sarah Ann Varga

727

422-0656

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**

Xtreme 360 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 11/2/2016 and assigned
Florida document number L15000186064.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Xtreme 360 LLC

4830 West Kennedy Blvd.

Tampa, FL. 33609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Xtreme 360 LLC

820 Willowbranch Ave.

Clearwater, FL. 33764

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:

Sarah Ann Varga

New Registered Office Address:

4830 West Kennedy Blvd. Suite. 600

Enter Florida street address

Tampa


Florida 33609

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sarah Ann Varga	Xtreme 360 LLC	<input checked="" type="checkbox"/> Add
		820 Willowbranch Ave.	<input type="checkbox"/> Remove
		Clearwater, FL. 33764	<input type="checkbox"/> Change
AMBR	Penny Abourjilie	Penny Abourjilie	<input type="checkbox"/> Add
		1860 Magnolia Dr.	<input checked="" type="checkbox"/> Remove
		Clearwater, FL. 33764	<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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

A statement of Authority was filled Granting Sarah Ann Varga as the only authorized member that manages and represents Xtreme 360 LLC. Sarah Ann Varga will continue to hold the position of Owner, CEO and accepts the role and responsibility of the MGR and authorized agent for Xtreme 360 LLC.

16 MAY 31 PM 5:02
SECRETARY OF STATE
MASSACHUSETTS

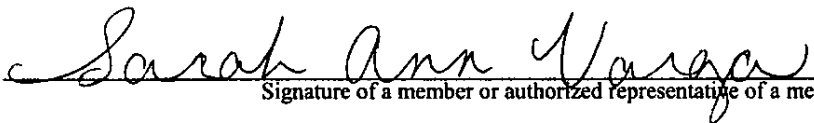
E. Effective date, if other than the date of filing: 5/26/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____, _____.



Signature of a member or authorized representative of a member

Sarah Ann Varga

Typed or printed name of signee