Division of Corporations



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	Division of Corporations Fax Number : (850)617-638 Account Name : CORP USA Account Number : 072450C03255 Phone : (305)634-369 Fax Number : (305)633-969 address for this business enti- : mailings. Enter only one emai	All TVAY OF STATES
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# HIJOUD284428

## **COVER LETTER**

#### TO: Registration Section **Division of Corporations**

ExtAl LLC

SUBJECT:

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:

Franklin Rives

Name of Person

ExtAl LLC

Firm/Company

3697 NW 124 Avo

Address

Coral Springs, FL 33065

City/State and Zip Code

franklin8669@yahoo.com

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

For further information concerning this matter, please call:

Stan Berla		at () _	968-8571	
Name of	f Person	Area Codç	Dâytime T	elephone Number
Enolosed is a check for th	e following amount			
\$25.00 Filing Fee	530.00 Filing Fee & Certificate of Status	\$\$55.00 Filling For Cartified Copy (additional copy is a		<sup>↑</sup> □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registre Division P.O. Bo	NC ADDRESS: ation Section a of Corporations ix 6327 ssee, FL 32314	Registr Divisio Clifton 2661 E	ET/COURTER ation Section n of Corporatio Building Xecutive Cente Sece, FL 32301	r Çircle

## H15000284428

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Extal LLC

#### (Name of the Limited Ligbility Company as it now appears on pur records.) (A Florida Limited Limited Limited Limited Company)

The Articles of Organization for this Limited Liability Company were filed on December 20, 2015 and assigned Florida document number L15000194698

This amendment is submitted to amend the following:

A. If smeading name, enter the new name of the limited liability company here;

	2+ 02	
The new name must be distinguishable and contain the words "Limited Liability Company,"		-
	<u>≜8</u> 8	·
Enter new principal offices address, if applicable:		د د برد ز
(Principal office address MUST BE A STREET ADDRESS)		1127
	m 💭 👾	
Enter new mailing address, if applicable:	<u> </u>	-
(Mailing address MAY BE A POST OFFICE BOX)		
manning and to be a to		-

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 Morida street addres.	3
	, Flo	Drida Zip Code

#### New Registered Agent's Signature, if changing Registered Agenti

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 dutles, 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

Page 1 of 3

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

. . .

Title	<u>Name</u>	Address	Type of Actio
MGR	Giacomo N. Buzzetta	3697 NW 124 Ave Coral Springs F	Add
•			Remove
			🖂 Change
MGR	Christaleria Caura		Add
			🛛 Rismovs
			Change
			🖾 Add
			Remove
			Change
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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 Decamber 01 2015.
Stree To Chim ( )
Supremes of a member or untharized representative of a member

Franklin Rives

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Typed or printed name of signee.

Page 3 of 3 Filing Fee: \$25.00