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SECRETARY OF STATE

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COVER LETTER

TC		gistration Secision of Cor			
cu	DIECT.		WINGS LLLC		
SU	влест:		Name of Limi	ted Liability Company	
The	e enclosec	I Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Ple	ase return	all correspo	ndence concerning this matter t	to the following:	
			Robert R. Group		
				Name of Person	
			Xtreme Wings 1 LLC		
				Firm/Company	
			12220 Atlantic Blvd # 108		
				Address	
			Jacksonville, FL 32225		
				City/State and Zip Code	
			rob@xtreme-wings.com	o be used for future annual rep	
For	r further in	nformation co	oncerning this matter, please ca		oor nouncación)
	bert R. G			904 220-	
		Name of	l'Person	Area Code	Daytime Telephone Number
En	closed is a	a check for th	e following amount:		
	\$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$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 WINGS I LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number $\frac{1.15000202738}{1.15000202738}$	12/04/2015 and assigned
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," th	e designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	119 119
	≟∄
	1 - T
Enter new mailing address, if applicable:	ãã → M
Mailing address MAY BE A POST OFFICE BOX	70 ± 0
Mading dualess MAT BE ATOST OFFICE BOA	93.7 % RP.1 6
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	
	lorida 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Charles J. Lowe	12220 Atlantic Blvd # 108	
		Jacksonville, FL 32225	■ Remove
			☐ Change
MGR	Kathleen A. Corneau	12220 Atlantic Blvd STE 108	Add
		Jacksonville, Fl. 32225	□ Remove
			□ Change
			☐ Add ASS 19 EEC 99 ABD Remove
			SSE Changel
			Remove
			Change
			D Add
			□ Remove
			Change
			□ Remove
			☐ Change

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Filing Fee: \$25.00