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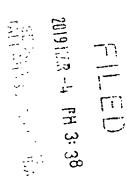
(Requestor's Name)	
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Extreme Midyears 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:
RACHEL ROBERTSON Name of Person
EXTREME MIDYEARS LLC
410 N. TAMIAMI TRAIL
OSPREY, FL 34229  City/State and Zip Code  EXTREMEMINYEARS LLC @ GMAIL. COM  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Name of Person at (941) 400 7885  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee

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

EXTREME	MIDYEARS LL	- C
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our reco Limited Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Co		o/17 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LI	LC" or the abbreviation "11C."
Enter new principal offices address, if applicable:	<del> </del>	
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7019 Hi
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi	tered office address on our recor	ds, enter the name of the new
Name of New Registered Agent:		<i>3</i> €
New Registered Office Address:		
The registered Office Address.	Enter Florida street addr	ress
		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>	Address	Type of Action
MANAGER	Lemek, Michael	410 N TAMIAMI TRAIL	
		Osprey FL 34229	Remove
			Change
			□ Remove
<u></u>			Add
			□ Remove
			□ Remove
			Change
	<del></del>		
		<del> </del>	□ Remove
			Change
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			Remove
			☐ Change

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(If an eff	ive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	
	Carried Late
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00