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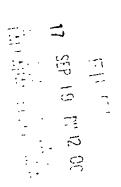
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: XTREME	LABOR LLC
	ne of Limited Liability Company
The enclosed Articles of Amendment and fee(s	) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
D/	MARIS SILVESTRE
	Firm/Company
69	7 THURINGER ST NW
Pa	THURINGER ST NW  Address  Un Bay FL 32907  City/State and Zip Code  a maris @ jadeic 11c. com  address: (to be used for future Innual report notification)
E-mail	amaris @ jadeic Ic. com address: (to be used for futuralinnual report notification)
For further information concerning this matter,	please call:
Damaris Silves	
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee	Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRESS: 68 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle
i diidiid8800, 13, 52514	Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XTREMË	LABO	e, ll	C	
(Name of the Limit	ted Liability Company (A Florida Limited Liab	as it now appears of oility Company)	n our records.)	
The Articles of Organization for this Limited L		ere filed on	8.92.301	and assigned
Florida document number L17000	<u> 19731</u> .			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liabilit	y company here	:	
The new name must be distinguishable and contain the	vords "Limited Liability	Company," the desi	gnation "LLC" or the al	nbreviation "L.1C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	ET ADDRESS)	- <del></del>		
			<del></del>	
Enter new mailing address, if applicable:	-	··		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		·	
	-			
B. If amending the registered agent and registered agent and/or the new registered of		ee address on o	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	<u>Dama</u>	rris Sil	LVESTRE	
New Registered Office Address:		Enter Floride	i street address	
			, Florida	
		Cuv		Zip Code
New Registered Agent's Signature, if changing	i			
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the	er and complete pe istered agent as pro	erformance of m wided for in Ch	y duties, and I am j apter 605, F.S. Or.	familiar with and , if this document is

hanging Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

• •	authorized Person(s) authoriom our records:	  zed to mana 	ige, <u>ent</u>	er the title, name, and address of each j	person being added
MGR = Mar AMBR = Aut	nager horized Member				
<u>Title</u>	<u>Name</u>		Addre	<u>288</u>	Type of Action
MGR	DAMARIS S	;;; <u>L</u> VEST	RE	697 THURINGER STNW	🗆 Add
			_P	ALM BAY, FL 32907	Remove
					🗆 Change
MGR	LYSANDRA!	BANTIA <i>E</i>	<u>. 10</u>	356 DUNLAP AVE SE	Add
			F	356 DUNLAP AVE SE PALM BAY, FL 32909	□ Remove
					Change
		<u>.</u>			□ Remove
					Change
		<u> </u>			Add
					Remove
					_□ Change
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	and the manufacture of the first of the second second		
amending any other information, ente	er change(s) here: (Attach additional sheets, if nec	essary.)	
			<del></del>
			<u>.</u>
			<del></del>
,			
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Filing Fee: \$25.00