Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001543693)))



H180001543693ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECTOR M/MG RESIGN EXTREME SURGE CHAMPIONSHIPS LLC

8

Certificate of Status		Û
Certified Copy		0
Page Count		04
Estimated Charge	'	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176383 From: 12143052508 Date: 05/17/18 Time: 5:08 PM Page: 02/04 (((H180001543693)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORCANIZATION

ARTICLES OF ORGANIZATION OF

::

EXTREME SURGE CHAMPIONS			
(Name of the Limite	d Liability Compai (A Florida Limited L	ny as it now appears on ou liability Company)	r records.)
The Articles of Organization for this Limited Li Florida document number 1.17000190519	ability Company	were filed on	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, <u>enter the new name of</u>	the limited liabi	ility company here:	
he new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	2003 A North East Ave	
Principal office address MUST BE A STREE		Panama City, PL 3240	5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		2003 Favorth East Ave Panama City, FL 3240	
B. If amending the registered agent and registered agent and/or the new registered of	or registered of	ffice address on our se:	records, enter the name of the no
Name of New Registered Agent:			
New Registered Office Address:	2003 A North F		
	Panama City	Enter Florida str	, Florida 32405
	7.11	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

...

To: 18506176383 From: 12143052508 Date: 05/17/18 Time: 5:08 PM Page: 03/04 (((H18000154369 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

<u>Title</u>	Name	Address	Type of Action
AMBR	TRINA VIRAMONTES	3424 CHERRY RIDGE RD	
		LYNN HAVEN, FL 32444	Remove
			□ Add
		:	□ Remove
			Change
		<u> 101</u> , v	□ Add
			Remove
			□ Change
			Add
			☐ Remove
			□ Change
		<u> </u>	□ Remove
			□ Remove
			Change Add Add Remov

	·	•		heets, if necessary.)	
 .					
					
					
					
	<u></u>		· · · · · · · · · · · · · · · · · · ·		
			-5-		
Fan effective date is Note: If the date i	other than the date listed, the date must be s inserted in this block d ive date on the Depart	pecific and cannot be pri loes not meet the app	licable statutiny filing re	(optional) han 90 days after filing.) Pur quirements, this date will	sumt to 605.0207 (3 not be listed as the
ne record speci The 90th day	ifies a delayed eff	ective date, but is filed.	not an effective time	e, at 12:01 a.m. on i	the earlier of:
Dated May 15		. 2018	<u>.</u> .		
<u></u>	Sign	Ahue of a member or m	uthorized representative of a	member	
	/ / Jigii	mac of a monitor of the			

Page 3 of 3

Filing Fee: \$25.00

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000154361 🖄))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Ø

Account Name : MIAMI BUSINESS SOLUTIONS INC.

Account Number : 120170080045

Phone

: (904)375-1652

: (800)323-1074

Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one amail address please. redunace missues a hotma. I com

 ∞

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRICKELL CONSULTING, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$60.00
Extended Comp.	

Electronic Filing Menu

Corporate Filing Manu

Help

COVER LETTER

TO: Re	gistration Sectivision of Corpo	ion Prations			
		BRICKELL	. CONSULTING LLC		
SUBJECT:		Name of Limite	d Liability Company		
		mendment and fee(s) are subm		[=;·	
I toma recu			DUARDO MIRALLE	ŗ	
			Name of Person		
		MIAMI B	USINESS SOLUTIO	NS INC	
			Firm/Company		
			2341 EGREMONT	Dist	
			Address		
		QR	ANGE PARK, FL 32	073	
			City/State and Zip Co		
		BDUARD	O_MIRALLES@HO	ual report notifies	ulion)
= 6.45.	i-£ation or	oncerning this matter, please ca			
	EDUARDO MI		786 at ()	546-4490	
	Name o	Person	Ares Code	Daytime T	clophone Number
			n tot go	12.	
Enclosed	is a check for th	ne following amount:		Ω	THE SECOND WILLS FOR
S25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing F Certifled Copy (additional copy is	,	S60.00 Filing Fco, Certificate of Status & Certified Copy (additional copy is enclosed)
				-	
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 asses, FL 32314	Regi Divli Clift 2661	EKT/COURIE stration Section sion of Corpora- on Building Bxcoutive Cen shassee, FL 323	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRICKELL CONSU	OLTINO LLĖ
(Name of the Limited Liability Comma (A Florida Limited)	any as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company lorida document number	
his amendment is submitted to amend the following:	
. If amonding name, enter the new name of the limited ligh	bility company here:
ne new name must be distinguishable and contain the words "Limited Liab	9600 NW 25TH ST STE 2A
Principal office address MUST BE A STREET ADDRESS	MIAMI, FL 33172
	9600 NEG 25TH ST STE 2A
Enter new malling address, if applicable: Mailing address MAX BE A POST OFFICE BOX)	MIAM., FL 33172
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the
Name of New Registered Agent:	4. A.C.
New Registered Office Address:	Enter Florida street address
	Florida Ztp Code
	City 24 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 tit or 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
AMBR	MANUEL A ALVAREZ	6646 SW 115TH CT, APT 112	Add
		MIAMI, FL 33173	Remove
		1	El Change
MGR	GABINO OLIVARES-GARRIDO	9600 NW 25TH ST , STE 2A	Add
		MIAMI, FL 331: 2	Remove
			☐ Change
		<u> </u>	D Add
			□ Remove
			Change
			Add
	 -		Remove
			Change
		2 ¥	
		7	□ Remove
			Change
		<u></u>	
			□ Rcmove
			D Change

	Y
	<u> </u>
	·
, , , , , , , , , , , , , , , , , , ,	(danship)
su ellectivo quio la griccii spe quia limist po ab Lloctivo quioi fi ornel, tiutti rine cixta :	of filling: (optional) conflicted connects prior to date of filling or more than 90 days after filling.) Pressure to oes not meet the applicable statutory filling requirements, this date will not be next of fitting's records.
otel If the date inserted in this block do comment's effective date on the Departm	nent of State's records.
n monei snecijies a delaved ejije	active date, but not an effect on time, at 12:01 e.m. on the e
e record specifies a delayed effe The 90th day after the record by MAY 177H	active date, but not an effect on time, at 12:01 e.m. on the e s filed.
e record specifies a delayed effe The 90th day after the record be lated MAY 17TH	
e record specifies a delayed effe The 90th day after the record is MAY 17TH	2018
e record specifies a delayed effe The 90th day after the record is MAY 17TH	Line of a monthly attraction of a proper lative of a monthly
e record specifies a delayed effe The 90th day after the record is MAY 17TH	2018

ave