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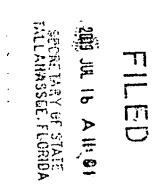
(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number	)
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## **COVER LETTER**

	egistration Section ivision of Corporations	,		•
SUBJEC	T: Xtreme Developm			any
Dear Sir o	r Madam:		, ,	·
The enclo	sed application, certificate and fee(s) a	re submitted fo	or filing.	
	ırn all correspondence concerning this		Ů	
Nayla	an Walden			
	Name of Person			
Liber	is Law Firm, PA			
	Firm/Company			
212 V	V. Intendencia St.			
	Address			
Pens	acola, FL 32502			
	City/State and Zip Code			
kwalc	len@liberislaw.com			
	address: (to be used for future annual r	enort notificati	on)	
For further	information concerning this matter, p	•	,	9647
	Name of Person	Area Code	& Daytime	e Telephone Number
Re Di Cli 26	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 61 Executive Center Circle llahassee, Florida 32301		Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 ssee, Florida 32314
Enclosed i	s a check for the following amount: ng Fee S30 Filing Fee & Certificate of Status	S55 Filing	="	S60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

XTREME DEVELOPMENT, LLC

FILED

(A Piorida Limited Liability Company)		JUL 16 A II: 8
The Articles of Organization for this Limited Liability Company Florida document number L18000269864	y were filed on 11/19/2018	and assigned Y OF SHATE TALLAHASSEE, FEORID
This amendment is submitted to amend the following:		The second second second
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida street address	
	, Floric	
	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
AMBR	Precision Pavement Services, LLC	2611 South Highway 29	
		Cantonment, FL 32533	Add
		·	Remove
			☐ Change
AMBR	Bear Resource Group, LLC	1591 Rebecca St	<b>≅</b> Add
		Pensacola, FL 32534	
			☐ Remove
			Change
			D Add
			☐ Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			Change

i effecti <u>te:</u> If t	date, if other than the date of filing:	
	d specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlied the day after the record is filed.	er c
.ed	2019	
	$\sim 1/4$ $\lambda$	
	Signature of intemper or authorized representative of a member	