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/Po	questor's Name)	
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PICK-UP	MAIT	MAIL
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	cument Number)	
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

AUG 0 9 2019 T. LENSELLY

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Xtrevne V Name of Lim	Traps, LLC	<u>.</u>
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Picase return all correspo	ondence concerning this matter	to the following:	
	Marco	S Garcia Name of Person	<u></u>
	X+rein	e Wraps, LLC Firm/Company	
		Firm/Company	
	12472 SW	128th Street	
		33139 City/State and Zip Code Caps 247@gvna.l.c	Oim leation)
For further information c	concerning this matter, please co	ill:	
Marcos	Garcia	at (<u>786</u>) <u>205</u> - Area Code Daytime	7623
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vtreme Was	ns //C	FILE	Ú
(Name of the Limited Liability Com (A Florida Limited	d Liability Company)	2015 AUG -5	P 4 39
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 19 0000 2 7 5 4 2</u> .	ny were filed on0	1/ ZYLCHETARY. C TALLAHASSEE	F And Assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company here:	:	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the desig	anation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>10.</u>		t Malada

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
MGR	Marros Garcia	12472 Sw 128th Street) Add
		Miami, FL 33186	□ Remove
			Change
			🗆 Add
			□ Remove
			Change
			☐ Remove
			Change
			🗆 Remove
			Change
			Remove
			Change
		 	
			Remove
			Change

	Pleace add my EIN Number to my firstile on Sunbiciona. The documents are attached. EIN # 83-3416943	-
	attached. EINIT 83-3416943	-
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Note: If the dat	if other than the date of filing:)5.0207 (sted as 1
ne record spe The 90th d	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl ay after the record is filed.	ier of:
Dated	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00

Date of this notice: 02-04-2019

Employer Identification Number: 83-3416843

Form: SS-4

Number of this notice: CP 575 A

XTREME WRAPS
MARCOS A GARCIA SOLE MBR
12472 SW 128TH ST
MIAMI, FL 33186

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-3416843. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941 07/31/2019 Form 940 01/31/2020

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is XTRE. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records.

CP 575 A (Rev. 7-2007)

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Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 02-04-2019

() - EMPLOYER IDENTIFICATION NUMBER: 83-3416843
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

XTREME WRAPS
MARCOS A GARCIA SOLE MBR
12472 SW 128TH ST
MIAMI, FL 33186