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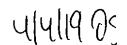
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration : Division of C				
Xtreme F SUBJECT:	arming LLC			
30bit.e1.	Name of Lin	nited Liability Company		
The enclosed Articles (of Amendment and fee(s) are sub	omitted for filing.		9
Please return all corres	pondence concerning this matter	to the following:		· 1
	Andrew Azcuy			•
		Name of Person		,
	Xtreme Farming LLC			 م
		Firm/Company		
	22700 SW 177th Ave			
	Miami, Fl 33170	Address		
	andrew@drtresponds.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
Andrew Azeuy		786 362-4186		
Name	of Person		Telephone Number	
Enclosed is a check for	the 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 Sta Certified Copy (additional copy is e	itus &

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

Xtreme Farming			
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	
	(what Elimed Dawling Company)		
he Articles of Organization for this Limited I	iability Company were filed on	3/11/2019	and assigned
Torida document number <u>L 19 0000 6</u>	9147	' /	_
	-		
his amendment is submitted to amend the fol-	lowing:		, , , , , , , , , , , , , , , , , , ,
A. If amending name, enter the new name of	of the limited liability company he	ere:	ר:
			<u>ه</u> محمد
he new name must be distinguishable and contain the	words "Limited Liability Company" the d	esignation "LLC" or the abb	reviation "L.L.C."
		enginimi dec of the doo	- 1
Inter new principal offices address, if appli	cable:		<u></u>
<u>Principal office address MUST BE A STREE</u>	E <u>T ADDRESS)</u>		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and egistered agent and/or the new registered of	or registered office address on ffice address here:	our records, enter t	he name of the
Name of New Registered Agent:	Andrew Azcuy		
New Registered Office Address:	12700 SW 177	1 th AVC rida street address	
	Miani	Florida <u> </u>	2170
	City	Fibrida\$	Zin 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Andrew Azeuy	22700 SW 177th Ave Miami, Fl 33170	Add
			□ Remove
			Change
			□ Add
			Remove J
			☐ Change
			Add
			☐ Remove
			☐ Change
			Remove
			Change
			Add
		<u></u>	Remove
			□ Change
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			Change

Effective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605.0205 over If the date instanced in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated MARCH 10 10 10 10 10 10 10 10 10 10 10 10 10			
Effective date, if other than the date of filing: (optional)			
Effective date, if other than the date of filing: (optional)			
iffective date, if other than the date of filing: (an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The 90th day after the record is filed.			
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The 90th day after the record is filed. ated March 10 th . 2019 .	ote:		
Aza	ote:		
Signature of a member or authorized representative of a member	iote: ocun		a.m. on the earlier
Signature of a member or authorized representative of a member	ocum e re The	90th day after the record is filed.	a.m. on the earlier
	locum e re The	90th day after the record is filed. March 10 th . 2019	a.m. on the earlier

Page 3 of 3

Filing Fee: \$25.00