

L19000069147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

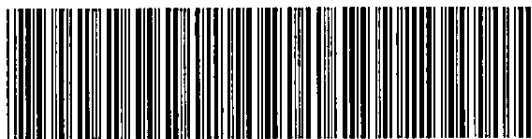
(Business Entity Name)

(Document Number)

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2023 MAR 13 PM 3:39

CLERK OF STATE  
TALLAHASSEE, FL

SUBJECT: Xtreme Farming LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew Azcuy  
Name of Person

Xtreme Farming LLC  
Firm/Company

22700 SW 177<sup>th</sup> Ave  
Address

Miami FL 33170  
City/State and Zip Code

andrew@drresponds.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Azcuy at (786) 362-4186  
Name of Person Area Code Daytime Telephone Number

OFFICE OF THE  
CLERK OF THE  
STATE  
TALLAHASSEE, FL

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Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Xtreme Farming LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3-11-2019 and assigned Florida document number L19000069147.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)

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2019 MAR 13 PM 3:39  
STATE  
TALLAHASSEE, FL

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Amber Azcuy

New Registered Office Address:

22700 SW 171<sup>th</sup> Ave

Enter Florida street address

miami

City

Florida 33170

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.*

Amber Azcuy  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Andrew Azcu	22700 SW 177 <sup>th</sup> Ave	<input checked="" type="checkbox"/> Add
		Miami FL 33170	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Amber Azcu	22700 SW 177 <sup>th</sup> Ave	<input checked="" type="checkbox"/> Add
		Miami FL 33170	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

STATE OF FLORIDA  
DEPT. OF STATE  
HALL OF RECORDS, FL  
2023 MAR 13 PM 3:39

$\Delta/A$

(If 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.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MARCH, 7<sup>th</sup> 2023

Signature \_\_\_\_\_

Signature of a member or authorized representative of a member

Andrew Azcu

Typed or printed name of signee

\_\_\_\_\_  
Representative of a member

amber

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STATE OF MISSISSIPPI  
OFFICE OF THE ATTORNEY GENERAL  
TALLAHASSEE, FL

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