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TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations				
SUBJECT: Extreme Mutrifica Transferration, LLC Name of Limited Liability Company				
The second secon				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Vimber VOZOLIEZ Scentarci Name of Person				
Extreme Mutition Transfermation				
2811 Roch Rd. Lacherd				
F1. 33801				
E-mail address: (to be used for future annual report notification)	\cap			
For further information concerning this matter, please call:				
Provider Vazquez at (203) 440-9186 Name of Person Area Code Daytime Telephone Number				
Inclosed is a check for the following amount:				
☐ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations				
P.O. Box 6327 The Centre of Tallahassee	•			

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

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

ARTICLES OF O	RGANIZATION BY
(Name of the Limited Liability Compa) (A Florida Limited L	RGANIZATION F Av as it now appears on our records.) iability Company) were filed on 5 2 20 20 and assigned.
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000137575</u> .	were filed on 5 21 2020 and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	1811 Ralph Ret. Lake land, Fr. 33801
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2311 Ralph Reli Lakeland, Fl. 33801
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	Yazanez Samena
New Registered Office Address:	Enter Florida street address
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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>	Name	Address	Type of Action
AMES	Carla Davis		X ∫Add
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If an effective date Note: If the date	if other than the d is listed, the date must b e inserted in this bloc ctive date on the Dep	ne specific and cann ik does not meet t	iot be prior to date c the applicable sta	of filing or more than tutory filing requ	(optiona n 90 days after filir irements, this da	ng.) Pursuant to 605.	0207 (d as (
d is filed.	s a delayed effective			12:01 a.m. on the	earlier of: (b)	The 90th day after	the
Dated W.	ich lo	<u> </u>	2021				
	Imples >	ignature of a mem	perfor authorized to	presentative of a m	fl.d.		
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Filing Fee: \$25.00