L21000042023

(Requestor's Name)							
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(City/State/Zip/Phone #)							
(Only) States Elph Holle III)							
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COVER LETTER

TO:

	gistration So ision of Co					
eud iker.	XTREME RECOVERY LLC					
SUBJECT:		Name of Lin	nited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		ADAM MEDLEY				
			Name of Person			
		XTREME RECOVERY L	LC			
	Firm/Company					
		Name of Person NTREME RECOVERY LLC				
			Address	Tode Tode		
		PENSACOLA. FL 32503				
						
		_				
For further in	nformation c	e-mail address: (oncerning this matter, please c	·	tilication)		
ADAM MEI		checking the market present				
		f Person				
	ivame o	rerson	Area Code Daytir	ne Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		
	ling Addres		Street Address:	vetion		
Registration Section Division of Corporations			<u> </u>	Division of Corporations		
P.O. Box 6327				The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OUT 26 AM 8: 11

Xtreme Recovery LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 14 The Articles of Organization for this Limited Liability Company were filed on $\frac{01/21/2021}{2}$ and assigned Florida document number 1.21000042023 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 "LLC." 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 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: New Registered Office Address: Enter Florida street address

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.

City

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	DEGRAAF, SUSAN R	6921 HWY 99 MOLINO, FL 32577	□Add
			■Remove
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. Effective date, if other than the differentiective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be prior ok does not meet the application	to date of filing or more thable statutory filing req	(optional) an 90 days after tiling.) Pursua uirements, this date will no	nt to 605.0207 (3 it be listed as th
the record specifies a delayed effective cord is filed.	date, but not an effective ti	me, at 12:01 a.m. on the	e earlier of: (b) The 90th o	day after the
Dated SEPTEMBER 5	. 2023	<u> </u>		
				J
S	ignature of a member or author	orized representative of a r	nember	
ADAM MEDLEY				
	Typed or prints	ed name of somee		

Filing Fee: \$25.00