

L21000083912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

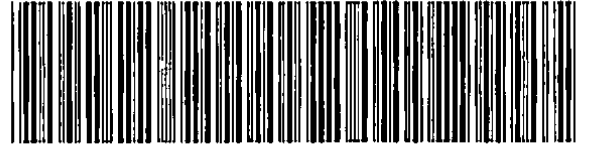
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/20/21--01029--029 \$25.00

2021 AUG 30 PM 4:35

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **METRO XTREME 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:

SHIRLEY LADINO

Name of Person

SILVA TOP SOLUTIONS

Firm/Company

840 DELTONA BLVD STE J

Address

DELTONA, FL 32725

City/State and Zip Code

SILVATOPI@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ILEANA CASTRO

321

460-0303

at ()

Name of Person

Area Code

Daytime 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 Status &
Certified Copy
(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

METRO XTREME LLC

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	JOSHUA A MEJIA	PO BOX 741182	<input type="checkbox"/> Add
		ORANGE CITY, FL 32774	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JOSUE A MEJIA	PO BOX 741182	<input checked="" type="checkbox"/> Add
		ORANGE CITY, FL 32774	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

MGR FIRST NAME INCORRECT, IS BEING CHANGED FROM JOSHUA A MEJIA TO JOSUE A MEJIA

NO CHANGE IN ADDRESS

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E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 AUGUST 25, 2021



Signature of a member or authorized representative of a member

ILEANA CASTRO

Typed or printed name of signee

Filing Fee: \$25.00