

121 000 215 273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

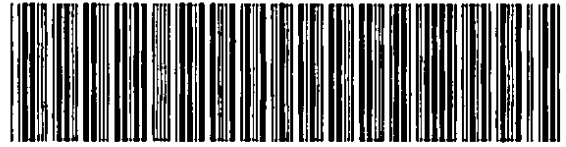
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

DEC 29 2021



700376924007

11/22/21--01030--010 **30.00

2021 DEC 29 PM 3:44
CLERK OF STATE
JED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 DEC 27 AM 8:12

December 9, 2021

ROSIE DELISCA
10711 N. 53RD STREET
TAMPA, FL 33617

SUBJECT: EXTREME CONSULTANT FIRM LLC
Ref. Number: L21000215273

We have received your document for EXTREME CONSULTANT FIRM LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 821A00029635

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EXTREME CONSULTANT FIRM 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:

ROSIE DELISCA

Name of Person

TRUTH OUTREACH GLOBAL MINISTRIES

Firm/Company

10711 N. 53RD STREET

Address

TAMPA, FL 33617

City/State and Zip Code

RDELISCA@TRUTHOUTREACHMINISTRIES.ORG

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

For further information concerning this matter, please call:

ROSIE DELISCA

813

988-8646

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

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

EXTREME CONSULTANT FIRM 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 05/07/2021 and assigned
Florida document number 121000215273

This amendment is submitted to amend the following:

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

EXTREME CONSULTING FIRM LLC

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)

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:

ROSIE DELISCA

New Registered Office Address:

7809 STONEYHILL DR

Enter Florida street address

WESLEY CHAPEL

City


Florida

33545

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.


If Changing Registered Agent, Signature of New Registered Agent

2021 DEC 29 PM 3:44
OFFICE STAFF
FID

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	ROSIE DELISCA	7809 STONEYHILL DRIVE	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33545	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
OWNER	ROSIE DELISCA	7809 STONEYHILL DRIVE	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL, FL 33545	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHELLE KELLY	7809 STONEYHILL DRIVE	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL, FL 33545	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: N/A (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 N/A, _____

Rashid D _____
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

N/A

Typed or printed name of signee

Filing Fee: \$25.00