121000328621

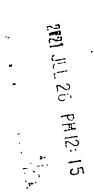
(Requestor's Name)
(Address)
,
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: XTRM	e Outlet LLC		·
	Name of Limit	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
		t Penuela	
		Name of Person	
		Firm/Company	
	1011 fairtax	CIY WAddress	
	Boynton Beach	City/State and Zip Code	
	XTreme Outletu E-mail address: (10	SQ @ 9MQIL COM o be used for future annual report notif	ication)
For further information conc	erning this matter, please ca	11:	
Michael E Pe	NUO Q	at (<u>954</u>) <u>213 - 3</u> Area Code Daytimo	761 e Telephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Virama Duitlet 110

TAILOR ANIANTY	<u> </u>	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records. ibility Company)	,)
The Articles of Organization for this Limited Liability Company w Florida document number <u>121000328621</u> .	vere filed on <u>JUlY 20, 2</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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)		
	- -	20
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		, 12:
1 The second sec		্ ত
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my duties, an	d Lam familiar with and 🧪

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
AMBR_	Michael & Penuela	1011 Fairfax Cir W	ddd
		Boynton Beach, Fl. 33436	□Remove
			Change
			□Add
			□Remove
			Change
			Change
			☐Remove
			□Remove
			□Change
			□ Add
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			□Change
			□Remove
			□Change

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	<u> </u>
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	· P:4
	
fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing	(optional)
on effective date is listed, the date must be specific and cannot be prior to date of filing total. If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a is filed.	n.m. on the earlier of: (b) The 90th day after the
nted	
	tative of a member