## h21000330240

(Re	equestor's Name	)
(Ad	ldress)	
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(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ame)
(Do	ocument Numbe	r)
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	Registration S Division of Co					
eun irz	Extreme A	axe Throwing Hollywood LLC				
SUBJECT:  Name of Limited Liability Company						
The enck	osed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all corresp	ondence concerning this matter	to the following:			
		Nadezda Kharit				
			Name of Person			
		Extreme Axe Throwing He	ollywood LLC			
			Firm/Company			
		2046 Hollywood Blvd				
		<del></del>	Address	<del></del>		
		Hollywood, Florida 33020				
			City/State and Zip Code	***		
		384465@gmail.com				
			to be used for future annual report	notification)		
For furth	er information	concerning this matter, please of	all:			
Nadezda Kharit		786 973-370 at ()	93			
	Name	of Person		lytime Telephone Number		
Enclosed	is a check for (	the following amount:				
		☐ \$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)		
		Section Corporations		Section Corporations		
P.O. Box 6327		The Centre	of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT; A MILL PORTOR TO ARTICLES OF ORGANIZATION AUG 23 PH 3: 22 OF

Extreme Axe Throwing Hollywood 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 07/20/2021 and assigned Florida document number L21000330240 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:

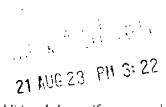
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:  $\frac{1}{12^{1/2}} \frac{1}{2^{1/2}} \frac{1}{2^$ 

MGR = Manager AMBR = Authorized Member 21 AUG 23 PH 3: 22

\_\_\_\_\_ [] Change

<u>Title</u>	Name	Address	Type of Action
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fective date, if other than the date must be	ate of filing:	prior to date of filing	or more than 90 days	ptional) ofter Gling ) Pursuant to 605	. 020
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record specifies a delayed effective of is filed.	ate, but not an effecti	ve time, at 12:01 a	i.m. on the earlier of	f: (b) The 90th day afte	r the
is filed.					
August 19	2021				
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	VIU )	( NEC Y ZII )			
Si	gnature of a member or	unnorized represent	ative of a member		