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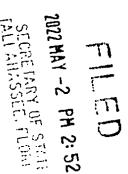
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: EXTREME Broad Services 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:
YAKIMA EXCELL Name of Person
EXtreme Broad Services LLC Fim/Company
1220 NW 31st WAY
FORT LAULERDAILE FLORIDA 33311 City/State and Zip Code
Extremebroadservices egnation E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 519-42-68 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXTREME Broad Services LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	iny were filed on Fth Runs	and asterned
Florida document number <u>L2200084378</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A-	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered office address here:	ce address on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:	-	
New Registered Office Address:	Enter Florida street o	11
	Enter Pioriaa sireet a	laaress
	Circ	, Florida
	City	z.ip Coae
Nam Dagietawal Agant's Signatura if shanging Dagietared Aga	mt:	

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Derrick Excell	422 S.W. 80th Terrace	🗆 Add
		North Lauderdale, Floren	A DRemove
		33068	□Change
MEIR	YAKima EXCELL	1220 NW 315+ WAY	W∧dd
		fort Lauderdale, Flori	
		33311	□Change
			🗆 Add
			□Remove
			□Change
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			□Remove
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an ef lote:	ve date, if other than the date of filing:
recor Lis fi	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after thed.
ated	April 26, 2022. YakinaExaell
	yakina Excell
	City of the second seco
	Signature of a member or authorized representative of a member