## L2200181220

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	SEP 1 6 2022

Office Use Only



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RECEIVED

2022 SEP 16 PH 12: 40
SECRETARY OF THE



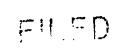
## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Xtreme Kreations, 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:
Kerdrea Stepherson
Xtreme Kreations, LLC
PO Box 440Baa
Jackson Ville Fl 32003 City/State and Zip Code
E-mail address: (to be used for future annual eport notification)
For further information concerning this matter, please call:
Name of Person at (904) 844 - 8723  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
▼ \$25.00 Filing Fee Solution

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



2022 SEP 16 PM 12: 40

 $(\widehat{\mathcal{C}}_{i-1}^{(k)})$ 

(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	٠.
The Articles of Organization for this Limited Liability Company were filed on <u>0H 15 2032</u> and assigne Florida document number <u>L2200018   280</u>	d
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 "L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	<del></del>
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, <u>enter the name of the new re</u> agent and/or the new registered office address here:	gistered
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	<del></del> -
, Florida	

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGB	Kendrea Stepp	314 Hollis DrE	PAdd
	•	Orange Fark, Fl 3200	
			Change
AMER	Pondell Hackett	314 Hollis Dr E.	DAdd
		Orange Park Fl 3200	<u> </u>
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<u></u>			□Add
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Note:	ive date, if other than the date of filing:  [cetive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
the record cord is fi	d 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 led.
Dated	September 16. 200a.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00