To: DIVISION OF CORP	ORATIONS	Page: 2 of 8	2022-08-30 18:02:50 GMT	13056476040	From: MADINA bahretdinova
8/30/22, 1:46 PM	I		Division of Corporatio	ns	
	L		a Department of Sta Willow of Corporations Stronge Eiling Cover Sheet	\$76	4
	Note: Pl		use it as a cover sheet. Type t and bottom of all pages of the		hown
			(((H22000294991 3)))		
			H22000294991 3ABC5		
	Note: DO 1	ge	ELOAD button on your browsen nerate another cover sheet.		g so will
	To:	Division of Corporatio Fax Number : (850)			
	From:	Account Name : MIACO Account Number : I2022 Phone : (305 Fax Number : (305	20000131)610-2704		ED
	**		for this business entity to gs. Enter only one email add	dress please.**	()
. н. 3: V.	<i>,</i>		TATE/CORRECT OR M/ TREME101CLUB LLC	MG RESIGN	·
2822 61 2.0		Certified Copy Page Count Estimated Charge		0 06BRUM \$25.00 AU5 3 1 20	BLEY
	,				
	Elect	onic Filing Menu	Corporate Filing Menu	Help	
					, ,
		1			

DIVISION OF CORPORATIONS	Page: 5 of 8	2022-08-30 18:02:50 GMT	13056476040	From: MADINA bahretdinova
	С	OVER LETTER	(((H220002	29499,1 3)))
TO: Registration Sectio Division of Corport		, 		•
EXTREME101				
SUBJECT:	Name of Limite	ed Liability Company		
The enclosed Articles of Ame	ndment and fee(s) are subm	itted for filing.		
Please return all corresponde	nce concerning this matter to	o the following:		
)MYTRO OSTAPENKO			
		Name of Person		
	EXTREME)01CLUB LLC			
		Firm/Company		
	4931 SW 90TH WAY			
		Address		
	COOPER CITY, FL 33328			
		City/State and Zip Code		
	info@miaccounting.us		(Linethop)	1
	1	o be used for future annual report not	(fication)	· ·
For further information conc	erning this matter, please ca	all:		
DMYTRO OSTAPENKO		305 610-2704		
Name of P	rson	at () Arca Code Daytin	ne Telephone Number	
Enclosed is a check for the	following amount:			· ·
	Li \$30.00 Filing Fee &	🗇 \$55.00 Filing Fee &	🗆 S60.00 Filing	; Fee,
≌ \$25.00 Filing Fec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate o Certified Co (ndditional copy	ру
<u>Mailing Address:</u>		Street Address:		
Registration Se Division of Co		Registration S Division of C		
P.O. Box 6327		The Centre of	Tallahassee	
Tallahassee, Fl		2415 N. Mon Tallahassee, F	roe Street, Suite 810 71, 32303	
			(((112	2000294991 3)))

To:

13056476040

(((H220002949913)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXTREMEIO	ICLUB LLC (Name of the Limited	Liability Company as it now appears on a	our records.)
	(^	Florida Limited Liability Company)	
The Articles of Organizatio	n for this Limited Lial	bility Company were filed on	and assigned
Florida document number	.22000356764		
This amendment is submitt	ed to amend the follow	ving:	
A. If amending name, <u>en</u>	ter the new name of t	he limited liability company here:	
The new name must be distingu	shable and contain the wor	ds "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offic	es address, if applica	ole:	
(Principal office address	IUST BE A STREET	ADDRESS)	S 28
Enter new mailing addre <u>(Mailing address MAY Bi</u>	E A POST OFFICE B		TILE TILE
B. If amending the regis agent and/or the new reg	tered agent and/or re istered office address	gistered office address on our recon here:	ds, enter the name of the new register
Name of New R	gistered Agent:		
New Registered	Office Address:	Enter Florida :	treet address
			Florida
		City	Zip Cade

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

2022-08-30 18:02:50 GMT

13056476040

ì

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 = M AMBR = A	lanager uthorized Member		(((H22000294991 3)))
<u>Title</u>	Name	Address	Type of Action
AMBR	JURGIS PLIKAITIS	4931 SW 90TH WAY	🖸 Add
		COOPER CITY, FL 33328	E Remove
			Change
		······································	🗆 Add
			□Remove
			Change
·			□Add
			🗆 Re:nove
			Change
			□Add
			DRemove
			[]Change
		with a second biographic second s	🗆 Add
			🛛 Remove
			□Change
			[]Add
			🗆 Remove
		,,,,,,,,,,_	□Change
	1		(((1122000294991 3)))

١

3)))

(((H220002949913)))

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

<u></u>	
	·····
·	
<u></u>	

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	AUGUST 30	, 2022	
		Signatury of a member or authorized representative of a member	
	DMYTRO	OSTAPENKO Typed or printed name of signee	
		Filing Fee: S25.00	(((H2200029499)