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SECRETARY OF STATE

COVER LETTER .

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
eun ir <i>e</i> r	Xtreme Log	gistics Solutions LLC		
SUBJECT:Name of Limited Liability Company				
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Robert Juliano		
			Name of Person	
		Xtreme Logistics Solutions	s LLC	
		Firm/Company		
		1700 Depot Ave Suite #6		
			Address	
		Delray Beach, FL 33444		
			City/State and Zip Code	
		r.juliano@aol.com		
		E-mail address: (to be used for future annual report no	tification)
For further in	nformation c	oncerning this matter, please ea	all:	
Robert Julia	no		561 353-7096	
	Name o	f Person	at ()	me Telephone Number
Enclosed is a	check for th	ne following amount:		
≘ \$25.00 F	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)
	iling Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Xtreme Logistics Solutions LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on 02/08/2023	and assigned
Florida document number L23000072406		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity 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)		2023 SEC
		TAR.
Inter new mailing address, if applicable:		(V) ~ Surface 1
Mailing address MAY BE A POST OFFICE BOX)		
		m -
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	Cuy	zip Couc

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David Lang	1030 Crystal Way Unit 104	
		Delray Beach, FL 33444	■Remove
			□Add
			□Remove
			☐ Change
			□Remove
			Change Change SECRETAL TALLAH
			HASSEE Defange
			□Add
			□Remove
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Filing Fee: \$25.00