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Account Number : I20170000056	,
Phone : (954)842-2931 Fax Number : (954)842-2936	T
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN EXTREME MOTORS INC

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## **COVER LETTER**

TO: Amendment So Division of Co			
NAME OF CORPO	ORATION: EXTREME MO	TORS, INC.	
	4BER: P15000028309		
The enclosed Article	es of Amendment and fee are s	submitted for filing.	
Please return all corr	espondence concerning this m	ratter to the following:	
	ROMAN LATYK		
		Name of Contact Pers	ion
	ATLANTIC AUTO GROU		AVII
		Firm/ Company	
	535 S DIXIE HWY E		
		Address	
	POMPANO BEACH, FL 33	3060	
		City/ State and Zip Co	de
	myflorida2020@gmail.com		
	E-mail address: (to be u	sed for future annual repo	rt notification)
For further information	on concerning this matter, plea	se call;	
ROMAN LATYK		nt (	699-2060 Edit
Name	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Cartificate of Status Cortified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address andment Section sion of Corporations Box 6327 ahassee, FL 32314	Amen Division The C 2415	Address Idment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, F1. 32303

## Articles of Amendment to Articles of Incorporation of

EXTREME MOTORS INC				
P15000028309	of Corporation as currently	y filed with the Florida Dept. of State)	<del></del>	
	(Document Number of	Corporation (if known)		<del></del>
Pursuant to the provisions of section 60 its Articles of Incorporation:		Florida Profit Corporation adopts the following	; amendme	nt(s) to
A. If amending name, enter the new of ATLANTIC AUTO GROUP, INC.	name of the corporation:			
name must be distinguishable and contain "Inc.," or Co.," or the designation "chartered," "professional association."	COPP. Inc. or Com A	ompany, "or "incorporated" or the abbreviation professional corporation name must contain	The new 1 "Corp.," the word	
B. Enter new principal office address	, if applicable:	535 S DIXTE HWY E		
(Principal office address MUST BE A.S	STREET ADDRESS )	POMPANO BEACH, FL 33060		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		535 S DIXTE HWY E		
		POMPANO BEACH, FL 33060		
D. If amending the registered agent at new registered agent and/or the ne	nd/or registered office addre w registered office address:	ess in Florida, enter the name of the		<b>(</b> 3)
Name of New Registered Agent			021	
	535 S DIXIE HWY E		FEB	
	(Florida stree	t address)	<u> </u>	i -
New Registered Office Address:	POMPANO BEACH,	, Florida 33160		$\Pi$
low Penistared Agencie Simpany is		City) (Zip Cox	) 1: 55	U
New Registered Agent's Signature, if elements hereby accept the appointment as regist	nangung Kogistered Agont: ered agent – Lom familiar wit	th and accept the obligations of the position.	•	
	Signature of New Reg	istered Agent, if changing		

Check if applicable

I The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and datash additional to the control of the con

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer If an officer/director holds more than one title, list the first letter of each office held.

President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Example:

X Change	<u>PT</u> <u>J</u>	ohn Doe	
X Remove	<u>v</u> <u>n</u>	<u> Mike Jones</u>	
<u>X</u> Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	P	Latyk, Roman	535 S DIXIE HWY E
Add			POMPANO BEACH, FL 33060
Rumove			
2) X Change	<u>s</u>	Latyk, Lana	535 S DIXIE HWY E
Add			POMPANO BEACH, FL 33060
Remove 3)Change	- <del></del>		
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

Attach additional sheets, if necessary).	<u>ticles, enter change(s) here</u> : (Be specific)	
-		<del></del>
		<del>_</del>
		<del></del> _
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
Control Sygnophics (Marchie 1977)		
		<del></del>

The date of each amendment( date this document was signed.	s) adoption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
☐ The amondment(s) was/were a must be suparately provided;	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
02/04/20 Daled	
Signature	Roman Latyk
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Latyk, Roman
	(Typed or printed name of person signing)
	P
	(Title of person signing)