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| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| Division of Corpo | orations | | | |
|------------------------------|--|--|-----------------|---|
| SUBJECT: DOUL | HME PELFO Name of Limi | FMANCE Lited Liability Company | LC. | |
| The enclosed Articles of A | mendment and fee(s) are sub- | mitted for filing. | | |
| Please return all correspond | lence concerning this matter | to the following: | | |
| | Darius ! | De 19 a J O Name of Person | | |
| | Doubt Me | Performance Firm/Company | e LLC | |
| | 98 15 ROYAL | VISTA AVE Address | | |
| | doubt me Perfor | | | |
| For further information cor | neerning this matter, please ca | all: | | |
| Darins Delga Name of I | Jo Person | at (<u>9/0</u>) <u>49</u> Area Code | Daytime Telepho | ne Number |
| Enclosed is a check for the | following amount: | | | |
| □ \$25.00 Filing Fee | 署\$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address | | Street Add | tress: | |

TO:

Registration Section

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

| Doubt Me Performan (Name of the Limited Liability Co (A Florida Limited) | ce LLC | neneds) | |
|--|---------------------------------------|---------------------------|---------------|
| (A Florida Limi | ited Liability Company) | ecorus.) | |
| The Articles of Organization for this Limited Liability Comp | oany were filed on <u>Aug 31</u> | 2017 an | d assigned |
| Florida document number <u>L 1000 186 184 </u> | | | |
| 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 L | Liability Company," the designation | "LLC" or the abbreviation | n "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | | |
| | | <u></u> | 2020 |
| Enter new mailing address, if applicable: | | 71 | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u>.</u> | £ |
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| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | fice address on our records, <u>e</u> | enter the name of the | new registere |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street a | address | |
| | | _, Florida | |
| | City | Zip (| .ode |

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 |
|--------------|-----------------|----------------------|-----------------|
| AMBR | Cynthia Delgodo | 9815 ROYAL VISTA Ave | 🗀 Add |
| | | Clermont, FL 34711 | ⊉ Remove |
| | | | □Change |
| AMBR | David Delgatu | 9815 Royal vista Ave | □Add |
| | | Clermon+ FL 34711 | ZRemove |
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| Effective da | te if other than the | date of fili | ng: | | | (optiona | l) |
| (If an effective o | te, if other than the late is listed, the date mu- date inserted in this bl | st be specific as | nd cannot be pri | or to date of filin | ig or more than 9 | 0 days after filir | ig.) Pursuant to 605. te will not be liste |
| document's e | ffective date on the D | epartment of | State's record | ls. | y mmg reduit | | |
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| | fies a delayed effectiv | ze date, but n | ot an effective | time, at 12:01 | a.m. on the ea | rlier of: (b) | The 90th day after |
| ord is filed. | | | | | | | |
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Filing Fee: \$25.00