

T. CLINE
MAY 18 2011
EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **BUSINESSWORKS, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing. *Amendments to be effective June 1, 2011*

Please return all correspondence concerning this matter to the following:

John M. Ward

Name of Person

BusinessWorks, LLC

Firm/Company

684 Black Ironwood Drive

Address

DeLand, FL 32724

City/State and Zip Code

jward@businessworks-inc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Ward

Name of Person

at (**407**)

660-5757 Ext. 2

Area Code & Daytime Telephone Number

FILED
2011 MAY 17 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BUSINESSWORKS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/28/2000 and assigned
Florida document number L00000002249.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ADEPT Performance Systems, LLC

The new name must be distinguishable and end with 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)

1802 N. Alafaya Trail

Orlando, FL 32826

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2011 MAY 17 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

John Ward

New Registered Office Address:

684 Black Ironwood Drive

Enter Florida street address

DeLand

Florida

32724

City

Zip Code

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 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

to be effective 6-1-11.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 17 AM 8:10

FILED

Dated *May 11*, 2011

[Signature]

Signature of a member or authorized representative of a member

John M. Ward

Typed or printed name of signee