## L05000102678

(Requ	estor's Name)	)
(Addre	ess)	·
(Addre	ess)	
(City/S	State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Na	me)
(Docu	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	
		:

Office Use Only



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11/07/08--01002--014 \*\*55.00



B. KOHR
NOV - 7 2008

**EXAMINER** 



**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CBA Performance	
Consulting LLC	
• 0	

	Art of Inc. File		85	
	LTD Partnership File	77.	\ \	7
	Foreign Corp. File	<u> </u>	<u> </u>	ED ED
	E.C. FIRE	المار المار	5 5 30 9	در
	Fictitious Name File			25
	Trade/Service Mark	·	<u> </u>	
	Merger File	<b>:</b>		
	Art. of Amend. File			
	RA Resignation			
	Dissolution / Withdrawal			
	Annual Report / Reinstatemen	t		
	Cert. Copy			
<del></del>	Photo Copy	-		
<del></del>	Certificate of Good Standing_			
<del></del>	Certificate of Status		_	
<del> </del>	Certificate of Fictitious Name	·		
	Corp Record Search	· <del>- · · ·</del> ···-		
	Officer Search	_		
	Fictitious Search			
	Fictitious Owner Search			
	Vehicle Search	_		
	Driving Record			
	UCC 1 or 3 File			
	UCC 11 Search			
	UCC 11 Retrieval		-	
•				

Signature

Requested by:

Name

Walk-In

Will Pick Up

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OB WON T PH 3: 25

## CBA PERFORMANCE CONSULTING 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	y Company were filed on 10/18/20	05 and assigned
Florida document number L05000102678	<del></del> ·	
This amendment is submitted to amend the following	<b>:</b>	·
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office a		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Fi	lorida street address)
	(City)	, Florida(Zip Code)
	( <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	(sip cone)

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.

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 <u>Address</u> <u>Name</u> Type of Action MGR **ADAM CRONIN** 20754 WEST DIXIE HIGHWAY **n**□ Add Remove NORTH MIAMI BEACH, FL 33180 MATTHEW COOPER MGR 20754 WEST DIXIE HIGHWAY m[∕] Add NORTH MIAMLBEACH, FL 33180 Remove DbA 🗖 Remove Add Remove 🗖 Add 🗖 Remove □ ∧dd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Bignature of a member or authorized representative of a member

Typed or printed name of signee

ADAM CRONIN

Page 2 of 2

Filing Fee: \$25.00