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D. BRUCE
JAN 0 9 2012
EXAMINER

COVER LETTER

Division of Cor	
SUBJECT:	10-8 Performance Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	endence concerning this matter to the following:
	Hilton Yam Name of Person
	10-8 Performance LLC Firm/Company
	304 Indian Trace, #104 Address
	Address Weston FL 33326 City/State and Zip Code hilton @ 10 - 8 Performance.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call:
	E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please call:
Hiltor Name o	f Person at (954) 895-6265 Area Code & Daytime Telephone Number
Enclosed is a check for the	ne following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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**

10-8 Perfor	mance 1	UC			
(Name of the Limited Liability (A Florida L	Company as it no imited Liability Co	w appears ompany)	on our record	ls.)	
The Articles of Organization for this Limited Liability Co Florida document number	ompany were filed $\underline{\mathcal{O}}$.	d on <u>0</u>	1/26/20	06	and assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability comp	pany here	:		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liabili	ty Compar	ny," the designa	ition "LLC	" or the abbreviation
Enter new principal offices address, if applicable:				L 	ನ
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>			70	= "11"
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				ASSEE, FLOR	3 11
				©ir	10
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ess here:			nter the	name of the new
Name of New Registered Agent:	Donna	<u>M.</u>	Yam		
New Registered Office Address:		Ente	er Florida stre	et address	;
			, Flori		
	City			2	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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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

GR = M GRM =	anager Managing Member		
<u>le</u>	Name	<u>Address</u>	Type of Actio
		 	Add
			Kentove
			Add Remove
			☐ Add
		·	Remove
·····			Add Remove
			∏Add
			Remove
			Add
f amei	nding any other information, e	nter change(s) here: (Attach additional shee	ets, if necessary.)
_			
_			12 JAN -6
	12/30	<u>, 2011</u> .	TILE
	Me	of a member or authorized representative of a me	
	2. b	Typed or printed name of signee	mber B'' N

Page 2 of 2

Filing Fee: \$25.00