

108000014755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

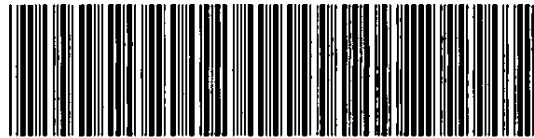
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2009 AUG 10 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

AUG 12 2009

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Michel Alfonso LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria A. Alfonso  
Name of Person

Michel Alfonso, LLC  
Firm/Company

6190 SW 56th CT  
Address

Davie FL 33314  
City/State and Zip Code

telecomperformance@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Maria A. Alfonso at 954 600-4066  
Name of Person Area Code & Daytime Telephone Number

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**

MICHEL ALFONSO, 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 02/08/2008 and assigned  
Florida document number L08000014755

This amendment is submitted to amend the following:

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

PERFORMANCE PHASE, 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)

6190 SW 56TH CT  
DAVIE FL 33314

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

6190 SW 56TH CT  
DAVIE FL 33314

**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:

New Registered Office Address:

6190 SW 56TH CT

Enter Florida street address

Davie

City

Florida

33314

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

- 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
MGRM	Michel Alfonso	6190 SW 56TH CT DAVIE FL 33314	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Maria A. Alfonso	6190 SW 56TH CT DAVIE FL 33314	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated 8/01/2009

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
Maria A. Alfonso  
 \_\_\_\_\_  
 Typed or printed name of signee