108000082359

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Decument Number) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only

S. HAWKES

NOV 1 3 2009

EXAMINER

S. HAWKES

NOV 1/2/2009

EXAMINER

COVER LETTER

| TO: Registration S Division of Co | | | |
|------------------------------------|---|---|--|
| SUBJECT: | Hospitality Per | formance Group, LLC | |
| | | ited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are sul | bmitted for filing. | |
| Please return all corresp | oondence concerning this matter | r to the following: | |
| | | | |
| | | Name of Person | |
| | Hosp | itality Performance Group | |
| | | Firm/Company | |
| | | 1016 Brielle Avenue | |
| | | Address | |
| | | Oviedo, FL 32765 | |
| | | City/State and Zip Code | |
| | dbos E-mail address: (| sworth@contacthpg.com to be used for future annual report notifical | tion) |
| For further information | concerning this matter, please | call: | |
| | | at () Area Code & Daytime T | |
| Name | of Person | Area Code & Daytime T | elephone Number |
| Enclosed is a check for | the following amount: | | |
| \$25.00 Filing Fee | S30.00 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) |
| МАІ | LING ADDRESS. | STREET/COURIE | 2 ADDRESS: |

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

| Hospitality Perform | nance Group, I | _LC | |
|---|---|---|--|
| (Name of the Limited Liability Compa (A Florida Limited I | <u>ny as it now appears</u> Liability Company) | on our records. | |
| · · | 3 1 3/ | | 彩多个 |
| The Articles of Organization for this Limited Liability Company | were filed on | 8-27-2008 | and assigned |
| Florida document number L08000082359 | | | and assigned |
| This amendment is submitted to amend the following: | | | E STATE OF THE STA |
| A. If amending name, enter the new name of the limited liab | ility company here | : | |
| Internet Performar | nce Group, LLC | • | |
| The new name must be distinguishable and end with the words "Limi"L.L.C." | ited Liability Compan | y," the designation | "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 107 14th Aver | nue | |
| (Principal office address MUST BE A STREET ADDRESS) | Longwood, FL | . 32750 | |
| Enter new mailing address, if applicable: | 107 14th Aven | nue | |
| (Mailing address MAY BE A POST OFFICE BOX) | Longwood, FL | 32750 | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address: | r <u>e</u> : | ur records, <u>ente</u> er Florida street d , Florida | address |
| | City | , rivilua | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | <u>.</u> | | |
| | | | |

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

| | Managing Member | | |
|---------------|---------------------------------------|--|----------------------------|
| <u> Fitle</u> | <u>Name</u> | <u>Address</u> | Type of Action |
| | | | Add |
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| D. If amen | ding any other information, enter cha | nge(s) here: (Attach additional sheets, if necessary.) | |
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| | | | |
| _ | November 9 | 2000 | |
| Dated | November 9 | 2909 | |
| | 1 Bu C | Dan work | |
| | Signature of a memi | per or authorized representative of a member | |
| | | Don Bosworth | |

Page 2 of 2

Filing Fee: \$25.00