

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Achieve Performance Solutions 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:

Mayte Duque
Name of Person

Achieve Performance Solutions LLC
Firm/Company

P.O. Box 277524
Address

Miramar, Florida 33027
City/State and Zip Code

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

For further information concerning this matter, please call:

Mayte Duque at (**954**) **437-5119**
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

FILED

2011 MAY 16 PM 05 08

Achieve Performance Solutions LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10-14-2008 and assigned
Florida document number L08000097295.

This amendment is submitted to amend the following:

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

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:

12124 St. Andrews PL #205

(Principal office address MUST BE A STREET ADDRESS)

Miramar, FL 33025

Enter new mailing address, if applicable:

P.O. Box 277524

(Mailing address MAY BE A POST OFFICE BOX)

Miramar, FL 33027

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:

Mayte Duque

New Registered Office Address:

12124 St. Andrews PL #205

Enter Florida street address

Miramar

Florida

33025

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.


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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Luis Aponte	11740 SW 9 Ct Pembroke Pines, FL 33025	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Mayte Duque	12124 St. Andrews PL #205 Miramar, FL 33025	<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

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

Dated May 12, 2011

Mayte Duque
Signature of a member or authorized representative of a member
Mayte Duque
Typed or printed name of signee

2011 MAY 16 PM 05:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED