## L09000072206

(Requestor's Name)				
(Address)				
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(Business Entity Name)				
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SECRETARY OF STATE

B. BOSTICK

APR 2 2013

**EXAMINER** 

## **COVER LETTER**

Registration Section Division of Corporations

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

Please return all correspondence concerning this matter to the following:

Firm Company

E-mail address: fto boused for future annual report notificanos

For further information concerning this matter, please call:

at (239) 410 - 5695

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status U\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

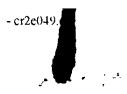
MAILING ADDRESS:

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 Taliahassee, FL 32301

3/25/2013 3:08 AM



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	RFORMANCE,				
(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 Compa	any were filed on	July 28, 2009 and assigned			
Florida document number <u>LO400072206</u>	•	<i>J I</i>			
This amendment is submitted to amend the following:					
A. If amending name, outer the new name of the limited li	iahilita campany	hara			
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 "L"L.L.C."					
Enter new principal offices address, if applicable:	17011	Alico Connerce Crt Sute 508  Myers J. F.L. F.S. 23  PER APR TI			
(Principal office address MUST BE A STREET ADDRESS)	1 Fort	Myers FL Son			
	33	96 <del></del>			
		ARE TO A			
Enter new mailing address, if applicable:		AR I			
(Mailing address MAY BE A POST OFFICE BOX)					
	· · · · · · · · · · · · · · · · · · ·				
B. If amending the registered agent and/or registered	office address o	on our records, enter the name of the new			
registered agent and/or the new registered office address i	nere:				
Name of New Registered Agent:					
New Registered Office Address:		Emer Florida street address			
Line 1 winds an eet danie 23					
		. Florida			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Age	ant:				

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 3

- cr2e049.<sub>1</sub>

If

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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			ASSET (
			PH 2:54 PH 2:54 PH 2:54
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Page 2 of 3

Page 3 of 3

Filing Fee: \$25.00

2013 APR -1 PM 2: 51