

LO9000112122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

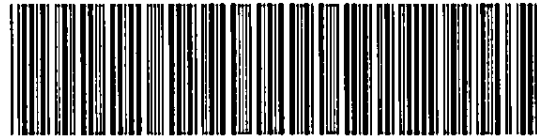
(Business Entity Name)

(Document Number)

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2017 NOV 13 PM 3:47  
CLERK OF COURT  
JULIA A. HARRIS

NOV 16 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STATISTICAL PERFORMANCE, 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:

YASMIN SOLIS  
Name of Person

STATISTICAL PERFORMANCE, LLC  
Firm/Company

6521 S.W. 162 COURT  
Address

MIAMI, FL 33193  
City/State and Zip Code

Yassy05@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yasmin Solis at (305) 927-9555  
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)

Fee previously  
submitted

This is a corrected form

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

2017 NOV 13 PM 3:59

JH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2017

YASMIN SOLIS  
6521 SW 162 COURT  
MIAMI, FL 33193

SUBJECT: STATISTICAL PERFORMANCE, L.L.C.  
Ref. Number: L09000112122

We have received your document for STATISTICAL PERFORMANCE, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 917A00016811

2017 AUG 13 PM 3:47  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 27, 2017

CARL PALOMINO, PA  
717 PONCE DE LEON BLVD SUITE 203  
PONCE SQUARE  
CORAL GABLES, FL 33134

SUBJECT: STATISTICAL PERFORMANCE, L.L.C.  
Ref. Number: L09000112122

RECEIVED  
2017 AUG 11 PM 2:46  
TALLAHASSEE, FLORIDA

We have received your document for STATISTICAL PERFORMANCE, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 117A00015217

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

Statistical Performance, 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 11/23/09 and assigned Florida document number LD9000112122.

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 contain 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)

6521 S.W. 162 Court  
Miami, FL 33193

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6521 S.W. 162 Court  
Miami, FL 33193

**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:

Yasmin Solis

New Registered Office Address:

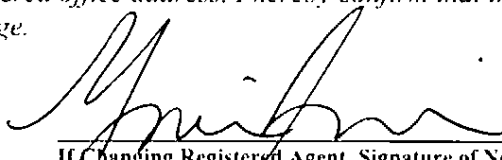
6521 S.W. 162 Court

Enter Florida street address

Miami, Florida 33193  
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 605, 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.*

  
Yasmin Solis  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
RA and/or AMBR	Carl Palomino	717 Ponce De Leon Blvd. Suite 203 Coral Gables, FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA and/or AMBR	Yasmin Solis	6521 S.W. 162 Court Miami, FL 33193	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

10/1/17

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11-7- 2017 (November 7th, 2017)

of a member or authorized representative

*Carla Palomino*

Typed or printed name of signer

Typed or printed name of signee

**Filing Fee: \$25.00**

2017 NOV 13 PM 3:47