109000112122

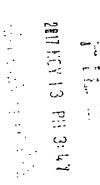
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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07/24/17--01014--026 **35.00



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:
STATISTICAL PERFORMANTE, LLC Firm/Company
STATISTICAL PERFORMANCE, LLC Firm/Campany
6521 S.W. 162 COURT
MiAMIFL 33193 City/State and Zip Code Vassy 05 e amail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vasmin Solis at (305) 927-9555 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) SUBTRICTED S60.00 Filing Fee, Certified Copy (additional copy is enclosed)
his is a corrected form
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



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), AuthorizedPerson (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





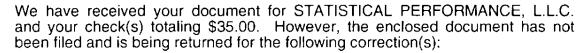
FLORIDA DEPARTMENT OF STATE Division of Corporations

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



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.

Letter Number: 117A00015217

Jenna D Harris Regulatory Specialist II RECEIVE

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

Statistic	al Performance, LLC
(Name of the Limited (A	Liability Company a it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	ility Company were filed on $1/23/09$ and assigned 22 .
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	ne limited liability company here:
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)	110 : 6 02 62
Enter new mailing address, if applicable:	10521 S.W. 162 Court Miami, FL 33193
(Mailing address MAY BE A POST OFFICE BO	<u>Miami, FL 33/93</u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	
Name of New Registered Agent:	<u>Vasmin Solis</u>
New Registered Office Address:	165/21 S. W. 162 Court Enter Florida street address
	Miani Florida street address Miani Florida Zip Code
New Registered Agent's Signature, if changing Reg	sistered 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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member Title Name Address **Type of Action** 717 Ponce De Leon B/Vd. Add
Suite 203 Coral Gables, Fl 33134 ☐ Change RA Vasmin Solis 6521 S.W. 162 Court and or AMBR Miami, Fl 33193 Rem ☐ Change ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Change □ Ādd ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

□ Change

Effective date, if other than the date of filing:/			,					
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Filing Fee: \$25.00