## L09000118754

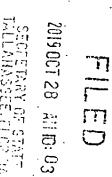
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

	of Corporations	-
BUR SUBJECT:	LDING PERFORMANCE SERVICES LLC	
	Name of Limited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.	
Please return all co	orrespondence concerning this matter to the following:	
	BIRAN HERNDON	
	Name of Person BIRAN C HERNDON PA	
	Firm/Company	
	916 20TH PLACE	
	Address	
	VERO BEACH, FL 32960	
	City/State and Zip Code ELITETAX@LIVE.COM	
	E-mail address: (to be used for future annual report notification)	
For further informa	ation concerning this matter, please call:	
BIRAN HERNDO	ON 772 324-1206 at () Name of Person Area Code Daytime Telephone Number	
,	Name of Person Area Code Daytime Telephone Number	
Enclosed is a check	k for the following amount:	
□ \$25.00 Filing F	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Certified	e of Status &

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

BUILDING PERFORMANCE SE			
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited I	_iability Company were filed on _	12/11/2009	and assigned
Florida document number L09000118754			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company h	<u>iere</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the r	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE.	ET ADDRESS)		
			٠.
Enter new mailing address, if applicable:			20
(Mailing address MAY BE A POST OFFICE	<u></u>		
			999 9
			385 787 888 888 888 888 888 888 888 888 8
B. If amending the registered agent and		n our records, <u>enter</u>	the name of the nev
registered agent and/or the new registered (	omee address nere:		
Name of New Registered Agent:	BIRAN C. HERNDON	· · · · · · · · · · · · · · · · · · ·	N ID: 03
New Registered Office Address:	916 20TH PLACE		
	Enter Fle	orida street address	
	VERO BEACH	, Florida <u>- 3</u>	2960
	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. Thereby 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 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>	Address	Type of Action
MGR BARBARA L. CLARK	5695 US HWY 1, UNIT A		
	VERO BEACH, FL 32967	<b></b>	
MGR ANTONIO ASSAF	ANTONIO ASSAF	5695 US HWY 1. UNIT A	<b>=</b> Add
	VERO BEACH, FL 32967	☐ Remove	
		Change	
MGR ABDON VARGAS	5695 US HWY I. UNIT A	Add	
	VERO BEACH, FL 32967	☐ Remove	
		Change	
		☐ Remove	
		Change	
		□ Add	
		□ Remove	
	<del></del>	Change	
		☐ Remove	
			□ Change

 Ifam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	ending any other information, enter change(s) here: (Anach daditional sheets, if necessary.)
•	
Effect	ive date, if other than the date of filing:
fan et Note:	fective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (2 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as th
	nent's effective date on the Department of State's records.
ne re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The	90th day after the record is filed.
Dated	10/24/10
Jaicu	
	Signature of a member or authorized representative of a member
	10/21/19 Abdon Vasta Signature of a member or authorized representative of a member
	Abden Vayers Typedad printed name of signee
	Typeday printed name of signee

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Filing Fee: \$25.00