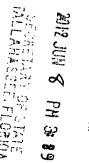
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
JUN 14 2011
EXAMINER

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300235870893

300235870893 06/08/12-01029-013 **60,00



COVER LETTER

TO: Registration S Division of Co				•		
SUBJECT:	TRANSWORLD	PERFORMANCE LLC				
	Name of Lim	ted Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sui	omitted for filing.				
Please return all corresp	nondence concerning this matter	to the following:				
	DO	MINIQUE VAN BOEKEL				
		Name of Person				
TRANSWORLD PERFORMANCE LLC					S AINT AIG	
Firm/Company			Transition of the state of the	5-74 Z[[1.50
3510 WEST 54TH DRIVE, UNIT 103			∑ ∀ ∀ •		م	rankistangeng Passakis Bar B
Address				<u> </u>	Ρ	1
BRADENTON FL 34210					€ Sen	
		City/State and Zip Code	747.	•	(ii)	
	E-mail address: (ewe@wp-ra-usa.com to be used for future annual report notifies	ition)			
For further information	concerning this matter, please of	all:				
	Grewe, WP/RA/StB/CPA		67-0505			
Name	of Person	Area Code & Daytime	Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fec & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			sed)	
MAI	LING ADDRESS:	STREET/COL/RIE	R ADDRESS:			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TRANSWORLD PERFORMANC	CELLC	
(<u>Na</u>	me of the Limited Liability Company as it now appearance (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization	for this Limited Liability Company were filed on	03/26/2010	and assigned
Florida document number			
This amendment is submitted	to amend the following:		
A. If amending name, enter	the new name of the limited liability company he	ere:	
The new name must be distingueL.C."	ishable and end with the words "Limited Liability Comp	pany," the designation "LI	.C" or the abhreviat
Enter new principal offices:	address, if applicable:	7	3月18日
	ST BE A STREET ADDRESS)	200 (200 m) (100 m)	
		رين کند دري کاره دري مرا	600 post 200 pp.
Enter new mailing address,	if applicable:		是 [7]
(Muiling address MAY BE A			en G
	ered agent and/or registered office address on new registered office address here:	our records, enter th	e name of the n
Name of New Regis	tered Agent:		
New Registered Off		Enter Florida street address	
		. Florida	
	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 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:

	· Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
	_ ,	<u> </u>	EG Add
		3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	- Remove
		によっ (2)か (2)か	Add
			Remove
		\$50 \$10	ese
	\$ 147 AG C. L. J.		Remove
			 .
-			Add Remove
D. It a	Article VII, paragraph "1" is amended	e(s) here: (Attach additional sheets, if necessary), d as follows:	,
		mpany shall be of multiple classes, with	
		aving voting rights, equity rights, and	
	claims upon distribution of profit and		
		dments to the Operating Agreement.	····
Dated _	,	012	
		approved	
	Signature of a member	r or authorized representative of a member	
		NIQUE VAN BOEKEL For printed name of signee	

Page 2 of 2

Filing Fee: \$25.00