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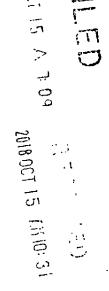
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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Business	Entity Name)
(Documer	nt Number)
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## **COVER LETTER**

AR PERFOI	RMANCE LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Amanda Jaramillo			
	J.A. ACCOUNTING SERVI	Name of Person		
	8906 FLAGLER ST # 219	Firm/Company		
	MIAMI. FL 33174	Address		
	Ginnaud Juro 6	City/State and Zip Code  hol wail - Com to be used for future annual report notific		
For further information cor	E-maîl address: ( neerning this matter, please co		ation)	
Name of l	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	following amount:		لب ن ن	)
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status of Certificate of Status of Certified Copy (additional copy is enclosed)	Š.

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AR PERFORMANCE LLC		
(Name of the Limit	ed Liability Company as it now appears on our records (A Florida Limited Liability Company)	<u>.</u> )
he Articles of Organization for this Limited L	ability Company were filed on	and assigned
lorida document number L12000090641	·	
his amendment is submitted to amend the follo	owing:	
a. If amending name, enter the new name of	f the limited liability company here:	
he new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applic	able:	
Principal office address MUST BE A STREE	T ADDRESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
		# <b>*</b>
	or registered office address on our records,	, enter the name of the
egistered agent and/or the new registered of	fice address here:	5 17
		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		گمد. ب <del>ب</del>
New Registered Office Address:		. O
*	Enter Florida street address	•
	. Flo	rida
	Cin	Zin 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.

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> MARIA MOJICA MADRIGAL (50%)	Address 3101 NW 34 ST. MIAMI, FL 33143	Type of Action
MGR ———			
			■ Remove
	JUAN L MADRIGAL (50%)	3101 NW 34 ST. MIAMI FL 33143	Change
MGR			■ Add
			Remove
			Change
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ective date, if other than the date of fi effective date is listed, the date must be specific e: If the date inserted in this block does nument's effective date on the Department	c and cannot be prior to date of the not meet the applicable statut	iling or more than 90 days a	ptional) after filing.) Pursuant to 6 this date will not be l	605.0 listed
record specifies a delayed effectivne 90th day after the record is file	ve date, but not an effe ed.	ective time, at 12:0	1 a.m. on the ea	rlier
ed OCT. 01	2018			
(1) /pah				
Signatura /	of a member or authorized repre	esentative of a member		

Page 3 of 3

Filing Fee: \$25.00