

L13000025869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

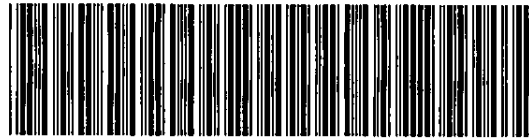
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 OCT 11 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Ouligan OCT 14 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Central Florida Autohaus 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:

Nikolas Doll

Name of Person

Central Florida Autohaus LLC

Firm/Company

3071 N. Orange Blossom Trail Suite H

Address

Orlando, FL 32804

City/State and Zip Code

INFO@LEVELSPerformLLC.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nikolas Doll

Name of Person

at ( 386 ) 456 8059

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

FILED  
2013 OCT 11 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Central Florida Autohaus 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 2/19/2013 and assigned  
Florida document number L13000025869

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LEVELS Performance LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

No Change Needed

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

No Change Needed

(Mailing address MAY BE A POST OFFICE BOX)

**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:

No Change Needed

New Registered Office Address:

No Change Needed

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 Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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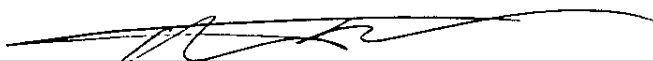
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Dated 10 / 6 / 2013, \_\_\_\_\_.



Signature of a member or authorized representative of a member

Nikolas Doll

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA