

L14000034163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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04/08/16--01007--001 \*\*35.00

FILED  
2016 APR 18 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*[Signature]* 5/4



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2016 APR 18 PM 3:31  
TALLAHASSEE, FLORIDA

April 11, 2016

PRO ACCOUNTING AND FINANCIAL SOLUTIONS, INC  
ATTN: LUIS E. TORRES  
1925 NE 45TH ST, STE 128  
FORT LAUDERDALE, FL 33308

SUBJECT: ORELLANA PERFORMANCE LLC  
Ref. Number: L14000034163

We have received your document for ORELLANA PERFORMANCE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. 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.

Michelle Milligan  
Senior Section Administrator

Letter Number: 616A00007369

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ORELLAN 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:

\_\_\_\_\_  
LUIS E. TORRES

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
PRO ACCOUNTING AND FINANCIAL SOLUTIONS, INC.

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
1925 NE 45TH STREET SUITE # 128

\_\_\_\_\_  
Address

\_\_\_\_\_  
FORT LAUDERDALE FL 33308

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
proacc@comcast.net

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

For further information concerning this matter, please call:

\_\_\_\_\_  
LUIS E. TORRES

\_\_\_\_\_  
954 at ( )

\_\_\_\_\_  
667-0673

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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**

ORELLANA PERFORMANCE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2016 APR 18 PM 12:44  
STATE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/28/2014

Florida document number L14000034163

This amendment is submitted to amend the following:

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

MOP PERFORMANCE, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

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 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 2016 APR 18 PM 12:44  
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 TALLAHASSEE FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

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