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Certified Copies	_ Certificates	of Status
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J. HAKKESTE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SGS Performance Partners, UC	
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:	
Kevin Sweaney Name of Person	
565 Performance Partners Firm/Company	
10011 Oakhurst Way	
Fort Myars FL 339,3 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kewin Sweeney at (302) 598-4311 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sum \\$30.00 Filing Fee & \$\sum \\$55.00 Filing Fee & \$\sum \\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) 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

SGS PERFORMANCE PAR					
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)				
the Articles of Organization for this Limited Liability Company we lorida document number	ere filed on 4/14/14 and	l assigned			
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liability company here:					
. If amending name, enter the new name of the limited habilit	y company nere:				
ne new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation	n "L.L.C."			
nter new principal offices address, if applicable:					
rincipal office address MUST BE A STREET ADDRESS)	100 E				
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ter new mailing address, if applicable:		<u> </u>			
ailing address MAY BE A POST OFFICE BOX)	2'0' Q	.)			
munit mantess MAT DE ATOST OFFICE BOX)		<u> </u>			
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If amending the registered agent and/or registered offic gistered agent and/or the new registered office address here:	ee address on our records, <u>enter the na</u>	me of the I			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida	· · · · · · · · · · · · · · · · · · ·			
	City Zip C	ode			

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		SAVANNAH, GA 31401	□ Remove
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	the date of filing	d cannot be prior to da	ate of filing or more the	optional on 90 days after filing	g.) Pursuant to 605.020
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an effective date, if other than an effective date is listed, the date inserted in the comment's effective date on the record specifies a delay after the dated	his block does not the Department of ayed effective a record is filed.	State's records. date, but not ar	n effective time,	nember	on the earlier

Filing Fee: \$25.00