

LI5000029049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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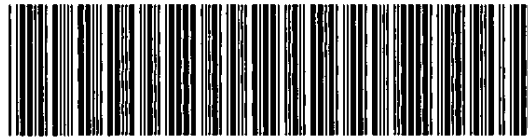
(Business Entity Name)

(Document Number)

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2015 JUN 15 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffigan JUN 16 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PERFORMANCE BASED 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:

MARIA COSTANZA BARDUCCI

Name of Person

Firm/Company

2 S. BISCAYNE BLVD., SUITE 3760

Address

MIAMI FL 33131

City/State and Zip Code

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

For further information concerning this matter, please call:

COSTANZA BARDUCCI

786 354-6155
at ()

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**

FILED

2015 JUN 15 PM 3:08

PERFORMANCE BASED LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 2/16/2015 and assigned
Florida document number LS000029049

This amendment is submitted to amend the following:

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

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>
AMBR	CLEMENTE ALESSANDRO	VIA ROMA 34	☐ Add
		35011 CAMPODARSEGO (Pd)	☐ Remove
		ITALY	☒ Change
AMBR	SUTTO FABIO	VIA GIRARDINA E TONELLO	☐ Add
		49/A , ODERZO (TV)	☐ Remove
			☒ Change
AMBR	RENOVATIO S.R.L.	VIA GIOVANNI BERCHET 16	☐ Add
		PADOVA, (PD) 35131	☐ Remove
			☒ Change
MGR	ZAMPIERI DAVIDE	4747 COLLINS AVE. APT. 1010	☐ Add
		MIAMI BEACH, FL 33140	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

SCOTT COUNTY, FLORIDA
ALL RIGHTS RESERVED

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TALLAHASSEE, FLORIDA

(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:

Dated June 9, 2015

Signature of a member or authorized representative of a member

COSTANZA BARDUCCI
Typed or printed name of signee