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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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TO: Registration Section Division of Corporations
SUBJECT: Penformer Construction, 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:
Angla Marie Lacken Performance Construction, LC Firm/Company Address Lenich Acros FL 3886 City/State and Zip Code Amlaskan @ mail con E-mail address: (to be used for juture annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number S
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status &
Payable to Florioa DEPARIMENT of STATE

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

(A FI			<u>, v1 = v1</u>	
The Articles of Organization for this Limited Liabili	ty Company were f	iled on <u>April 6</u>	23,2016	and assigned -394151
This amendment is submitted to amend the followin	g:			
A. If amending name, enter the new name of the	limited liability co	mpany <u>here</u> :		
The new name must be distinguishable and contain the words	"Limited Liability Com	pany," the designation "l	LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable	:		<u> </u>	
(Principal office address MUST BE A STREET A)	DDRESS)		7. 2	9
Enter new mailing address, if applicable:			SECRETAR CLLAHASSI	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		18 837	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office a address here:	ddress on our reco	· · · · · · · · · · · · · · · · · · ·	·
Name of New Registered Agent:	Angela	Lash	er_	
New Registered Office Address:		Enter Florida street ad	ldress	
_	Ci		, Florida	Zip Code
,	Ci	,		~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~

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 = Aut	horized Member		
<u>Title</u>	Name	Address	Type of Action
VP	Brandon Joran	2හ	Add
MOR		4214 22 mstsw	Remove
			Change
OWNER	- Angela Laskan	,	
MGIZ	V	Angela Lasker Spal Jayview Ave Lehigh Acres, FL 339	Remove
			Change
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Filing Fee: \$25.00