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LLC Amend. 04/2/21

COVER LETTER

TO: Registration S Division of Co		,	
	formance, LLC	-3	•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Shivon Patel, Esq.		
		Name of Person	
	The Principal Law Firm, I	P.L.	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	4901 International Parkwa	y. Suite 1021	
		Address	
	Sanford, Florida 32771		
		City/State and Zip Code	
	shivon@principallaw.net		
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
Shivon Patel		407 322-3003 at ()	
Name	of Person	Area Code Daytii	ne 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 Addre		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 63:	27	The Centre of	•
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Callus Performance, LLC			
(Name of the Lim	ited Liability Company as (A Florida Limited Liabil	it now appears on our reity Company)	ecords.)
The Articles of Organization for this Limited	·	e filed on 12/14/2015	and assigned
Torida document number L15000207868	·		
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability	company here:	
he new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
			· ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
			<u> </u>
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			-2
-			
	_		
3. If amending the registered agent and/or	registered office addre	ess on our records, <u>er</u>	nter the name of the new regist
gent and/or the new registered office addre	ess here:		_р . О
Name of New Registered Agent:	Alejandro Arango		
New Registered Office Address:	7025 CR46A Suite 1	071. #512	
	-	Enter Florida street ac	ddress
	Lake Mary		. Florida <u>32746</u>
		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

Title	Name	<u>Address</u>	Type of Action
MGR	Alejandro Arango	7025 CR46A Suite 1071, #512 Lake Mary, FL 32746	5 □Add
			□Remove
			= Change
			🗆 Add
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	ective date is listed, the date must be specific and connect be active to date of Illino or more than 90 days of Illino a Parameter 665 to 10
`an eff	the date of size and the date make of specific and cannot be private date of fining of finite data. We days after fining of the date of fining of finite data of the days after fining of the data of the days after fining of the data of
vote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
vote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
<u>Vote:</u> locum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
<u>Note:</u> locum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records. d 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
<u>Note:</u> łocum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records. d 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
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<u>vote:</u> locum recor d is fil	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records. d 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 ed.

Filing Fee: \$25.00

Typed or printed name of signee