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COVER LETTER

то:	Registration Se Division of Co			
cup ti	rær	E. W. Performance Shop L	LC	
SUBJI	EC1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		,	Alberto Salva	
			Name of Person	
			A. S. & Company	
			Firm/Company	<u> </u>
		PO Box 192136		
			Address	
		San Juan, Puerto Rico 009	919-2136	
			City/State and Zip Code	
		<u> </u>	ascompanypsc@gmail.com	
		E-mail address: (to be used for future annual report r	otification)
For fur	ther information o	concerning this matter, please ca	ali:	
Jose Marrero Martell		305 at ()	725-2886	
	Name o	of Person	Area Code Day	time Telephone Number
Enclos	ed is a check for t	he following amount:		
■ \$ 2	5.00 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:

TO:

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	
10 SEP 12 ALL	
SECKE AH 4:5= ALLAHASSEL F.STATE	;

		$\rightarrow l. C_{l.j}$	", 4: 5≅
E. W. F	PERFORMANCE SHOP LLC	TALLAHAS	State .
(Name of the Limited Liabi (A Floric	lity Company as it now appears a Limited Liability Company)	on our records.)	TE TE URIDA
The Articles of Organization for this Limited Liability of Plorida document number		MARCH 3, 2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the de	signation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter	the name of the no
Name of New Registered Agent:		- 4	
New Registered Office Address:	Finter Flori	da street address	
	Enter Florit	au au eel uud eaa	
	City	, Florida	Zip Code
	CH y		

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>	Name	Address	Type of Action
MGR	ANNIE MARTELL VARGAS	642 ANDALUCIA AVE	
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E. Effective d	ate, if other than the date is listed, the date must b	ate of filing:		late of filing or m	ore than 90 days af	tional) ter filing.) Pursuant to 60	5.02
Note: If the	date inserted in this bloc	k does not mee	et the applicable	statutory filin	g requirements, t	his date will not be lis	ted
document's	effective date on the Dep	artment of Stat	te's records.				
		- 86 11:	a but not a	n offective (ime at 12:01	a.m. on the earl	ier
If the record (b) The 90t	specifies a delayed on day after the recor	errective dated is filed.	ie, but not a	II CHECOVE	and, at 12.01	• = = · · • · = · 3= ·	
(6)	,						
	SEPTEMBER 7	<u> </u>	2018				
Dated		1 .					
Dated	//	m					
Dated		ignature of a me	mber or authoriz	ed representative	of a member		

Page 3 of 3

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