## 116000111290

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Certified Copies	Certificates of Status		
Special Instructions to I	Filing Officer:		





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## COVER LETTER

TO: Registration Division of (	Section Corporations
Elevate SUBJECT:	Sports Performance, LLC
	Name of Limited Liability Company
	of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:
	Adam Klauber
	Name of Person
	Klauber Legal, PA
	Firm/Company
	8751 West Broward Boulevard, Suite 410
	Address
	Davie, Florida 33328
	City/State and Zip Code  aklauber@klauberlegal.com  E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further information	E-mail address: (to be used for future annual report notification)  n concerning this matter, please call:
Adam Klauber	954 424-9666 71 D
Nan	e of Person Area Code Daytime Telephone Number
Enclosed is a check for	or the following amount:
■ \$25.00 Filing Fce	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  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

Elevate Sports Performance, LLC (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 06/08/2016 and assigned Florida document number L16000111290 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Per4orm, LLC 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

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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Fis. 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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The 90th day after the record is filed.				
ated August 19 , 2016				
* 11	· · · · · · · · · · · · · · · · · · ·			
Signature of a member or authorized represent	tative of a member			

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Filing Fee: \$25.00