116000111290

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,
]

Office Use Only



500342152725

09/18/20--81099--609 ++25.88

2020 MAR 16 PM 1: 2

COVER, LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Per4orm, L	LC			
		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Zac Cardone			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Person		
			Firm/Company		
10380 West State Road 84, Bay 13/14					
Address					
		Davie, Florida 33324		p Code annual report notification) 424-9666 Daytime Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) reet Address: egistration Section ivision of Corporations the Centre of Tallahassee 415 N. Monroe Street, Suite 810	
			City/State and Zip Code		
		cardonez317@gmail.com	Name of Person Firm/Company tate Road 84, Bay 13/14 Address 33324 City/State and Zip Code gmail.com nail address: (to be used for future annual report notification) ter, please call: at (
				eport notification)	
For further in	iformation co	oncerning this matter, please ca	all:		
Adam Klaut	er		,	-9666	
	Name of	Person		Daytime Telepho	ne Number
Enclosed is a	check for th	e following amount:			
≘ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy		Certificate of Status & Certified Copy
Reg Div P.C	iling Address gistration S vision of Co). Box 632' lahassee, F	ection orporations 7	Registrat Division The Cent 2415 N.	tion Section of Corporation tre of Tallahass Monroe Street	see

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Per4orm, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records. ited Liability Company))
The Articles of Organization for this Limited Liability Comp	any were filed on June 8, 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:	
The new name must be distinguishable and contain the words "Limited I	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	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		288
Enter new mailing address, if applicable:	10380 West State Road 84, Bay	200 HAR 1 13/142S
(Mailing address MAY BE A POST OFFICE BOX)	Davie, Florida 33324	が (で) (で) (で)
		TE .
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	rida
	City	ыр Соас

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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Zac Cardone	10380 West State Road 84, Bay 13/14	≣ Add
		Davie, Florida 33324	□Remove
			□Change
			□ Add
			□ Remove
			□ Change
		 -	□ Add
			ALASS Change
			Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

			<u> </u>
		 ·	
	<u> </u>		
	· -		
	100		
			
		<u>≥</u> ∞	202
		CRE LAH	
		<u> </u>	MA.
		ARY ASSE	16
		<u></u>	
			 ⊘
			<u></u>
			
			
fective date, if other than the date of filing:	(op	tional)	unnt to 605.00
the effective date is listed, the date must be specific and cannot be prior to date of in the late inserted in this block does not meet the applicable statute.	ory filing requirements, the	his date will n	ot be listed
cument's effective date on the Department of State's records.			
ecord specifies a delayed effective date, but not an effective time, at 12:0	of a.m. on the earlier of:	(b) The 90th	day after th
is filed.			
j			
ated 3/12 , 2020			
Jacky A Carely Signature of a member or authorized repres			

Filing Fee: \$25.00