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(Re	equestor's Name)	
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COVER LETTER

Division of Cor		•.	•	,
Per4orm, L	LC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Adam Klauber, Esq.			
	•	Name of Person		
	Klauber Goldman, PA			
		Firm/Company		
	8751 West Broward Boule	vard, Suite 410		
		Address		··· ·
	Plantation, Florida 33324			22
		City/State and Zip Code		SEP
	aklauber@klaubergoldman.			=
		to be used for future annual r	eport notification)	35- 74
For further information c	oncerning this matter, please co	all:		9.
Adam Klauber			-9666	21
Name o	f Person	at () Area Code	Daytime Teleph	one Number
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Ad-		
Registration S Division of C		_	tion Section Fof Corporation	ons
P.O. Box 632	-		tre of Tallaha	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Per4orm, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company	were filed on June 8, 2016	and assigned
lorida document number L16000111290		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lial	pility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		22
		35.00
		- S
nter new mailing address, if applicable:		9. 9.
Mailing address MAY BE A POST OFFICE BOX)		10 S
		5 200
		<u> </u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida street addres	2,0
	, Fl	orida
	City	orida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Adam Klauber	8751 West Broward Boulevard, Suite 410	= Add
		Plantation, Florida 33324	□Remove
			□Change
			□Add
			□Remove
			□Change JVISION
			Change Change Court of the Cour
 .			□Add
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fective date, if other than the one effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Department.	se specific and cannot be prior to d ork does not meet the applicable		rs after filing.) Pursuant to 605	
ecord specifies a delayed effective is filed.			•	r the
ted September 9	. 2022			
~ 1 A	Λ .			
September 9 3 ach a. ZACHURY	ignature of a member or authorize	d representative of a member		

Filing Fee: \$25.00