

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 NOV 22 PM 3:31

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: United Performance "LLC"  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shawn Harmon  
Name of Person

Firm/Company

1960 NW 38th terrace  
Address

Coconut Creek FL 33066  
City/State and Zip Code

Shawnharmon1982@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Harmon at ( 954 ) 870-0537  
Name of Person Area Code Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (9/15)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: \_\_\_\_\_

United Performance "LLC"

**SECOND:** The Florida Document number of the limited liability company is: 16000206003

**THIRD:** Document to be corrected is: Name, Business start Date

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Name States United Performance "LLC"  
Should Read United Performance LLC  
Effective start Date should be 12-1-16  
OR and not 1-1-17

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

- ☐ The electronic transmission of the record was defective.

Sh. Norman

Signature of Authorized Representative

11-14-16

Date

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RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.

\_\_\_\_\_  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)