## 117000011853

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APR 2 5 2017 S. YOUNG SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TO: Registration Section Division of Corporations
SUBJECT: Optimal Performance training System LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ben De La CVUZ  Name of Person
Optimal Performance training System
1700 Woodbry Road &
OV1940 Fla 32828 Apt 1310 City/State and Zip Code
bdels cruz 1089 Q Vanoo. com
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Bun Pela evul at (364) 861-5707  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy 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

Optimal Verformane to Name of the Limited Liability Com	raining System LLC pany as it now appears on our records.) d Liability Company)
(A Florida Limite	d Liability Company)
The Articles of Organization for this Limited Liability Compar	by were filed on $1/17/2017$ and assigned
Florida document number <u>L-17000011853</u> .	1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	102 Orennen Road, ortsado FL 32806 Unit C-1
(Principal office address MUST BE A STREET ADDRESS)	32806 Unit C-1
Enter new mailing address, if applicable:	T AS LEAR
(Mailing address MAY BE A POST OFFICE BOX)	7 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	F MYR
	- F.O.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	
registered agent and/or the new registered writte address ne	<b>∞</b>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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 = M $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Crystal Snow	102 Drennen Road Ovlando Fl 32806 un	BAdd
		Ovlando Fl 32806 un	nif-C-1 □ Remove
			Change
			Add
			Remove
			Change
			TALLAHASE CRETAR APPROPRIES
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fective date, if other than effective date is listed, the other. If the date inserted in accument's effective date o	date must be specific and this block does not n	cannot be prior to oneet the applicable	ate of filing or more to e statutory filing rec	(optional) han 90 days after filing.) I quirements, this date w	Pursuant to 693.020 ill not be listed as
			n effective time	e. at 12:01 a.m. o	n the earlier o
			ir circuit dinic	,	
The 90th day after th	ne record is filed.			,	
e record specifies a d The 90th day after th ated 4/20/20	ne record is filed.		ed representative of a		

Page 3 of 3

Filing Fee: \$25.00