

L170000098171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

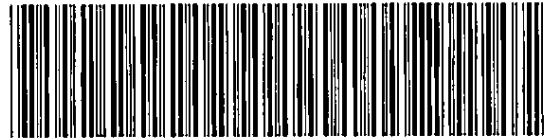
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/09/23--01019--027 **60.00

4/13/23

V.U.

FILED
2023 FEB -9 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FL

To Whom It May Concern:

02/07/2023

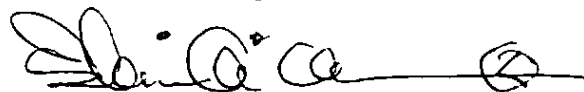
My name is Elaine Akin.

My phone number is (941) 219-9386.

My address is 414 Logue Rd.
Myakka City, FL 34251.

Please contact me with any questions.

Sincerely,

A handwritten signature, likely "Elaine Akin", written in cursive over a horizontal line.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diabelical Performance, 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:

Michael Akin
Name of Person
Diabelical Performance, LLC
Firm/Company
414 Logue Rd
Address
Myakka City, FL 34251
City/State and Zip Code
mikeakin327@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Akin at (305) 218-5935
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Diabolical Performance, LLC.

Warforged, LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		a	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 2/26/2022.

Michael Akin

Typed or printed name of signee