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(Re	questor's Name)	
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PIÇK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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2023FEB -9 AMIO: 56

To Whom It May Concern:

My name is Elaine Akin.

My phone number is (941) 219-9386.

Myakha City, Fl 34251.

please Contact me with any avestions.

Sincerely,

COVER LETTER

TO:	Registration Secti Division of Corpo			
SUBJE	CT:	Diabolical Derf	or Mance, LLC ited Liability Company	
The enc	losed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspond	ence concerning this matter	to the following:	
		Mich	Name of Person	
		Diabolical	Performance, LLC	<u></u>
		414	Logue Pal	
		Myd	Ukka City, FZ 34; City/State and Zip Code	721
		E-mail address: (1	Kin 327 @ amail 10	Cation)
For furtl	ner information con	cerning this matter, please ca	all:	
\	Michael Name of P	Akin erson	at (305) 218-5 Area Code Daytime	5935 Telephone Number
Enclose	d is a check for the	following amount:		
□ S25	.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:		Street Address:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diabolicae Perfo	Myrance ILLC.	
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number 170000 98 171.	vere filed on <u>5 3 2017</u>	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability was forged. LLC The new name must be distinguishable and contain the words "Limited Liability".		eviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	$\frac{1}{\alpha}$	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a second	F
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	idress on our records, enter the name o	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Emer 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 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>	Name	Address	Type of Action
·			□Add
			□Remove
		N	□ Add
		<u> </u>	□Rетоve
		/α	
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Note:	ve date, if other than the date of filing: 2/26/2022 (optional) entire 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e record rd is fil	I 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 ed.
Dated .	2/26/2072
	2/4/M-
	Signature of a niember or authorized representative of a member Michael Akih Typed or printed name of signee