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## **COVER LETTER**

TO:	Registration Se Division of Cor		ent.	
CHEL		formance LLC		
SODI	ECT:		ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		John M Gattoni		
		Roastin Performance LLC	Name of Person	
		1023 Palmer Road	Firm/Company	
		Rockledge, FL 32955	Address	
		support@roastinperformane	City/State and Zip Code e.com	
		E-mail address: (	to be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please ca	all:	
John i	M Gattoni		970 402-6118 at () Area Code Daytim	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■</b> \$2	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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Roastin Performance LLC			18.) TALLA
(Name of the Limit	ed Liability Compa (A Florida Limited	iny as it now appears on our re Liability Company)	cords.)
			<b>※</b> ※ F
The Articles of Organization for this Limited Li	iability Company	were filed on sandary 2, 20	and ssigned
Florida document number 1.18000001333	·		SIZ #
This amendment is submitted to amend the following	owing:		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
A. If amending name, enter the new name of	f the limited liab	oility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	1023 Palmer Road	
(Principal office address MUST BE A STREE		Rockledge, FL 32955	
Enter new mailing address, if applicable:		1023 Palmer Road	
(Mailing address MAY BE A POST OFFICE	BOX)	Rockledge, FL 32955	
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	ords, enter the name of the new
New Registered Office Address:	1025 raimer K	oaa Enter Florida street aa	blress
	Rockledge		, Florida <sup>32955</sup>
	*	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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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ective date, if other than effective date is listed, the date: If the date inserted in tanment's effective date on	his block does not n	neet the applicable	late of filing or more e statutory filing re	(optional) han 90 days after filing quirements, this date	) Pursuant to 605.02 will not be listed a
record specifies a de he 90th day after the		late, but not a	n effective time	e, at 12:01 a.m.	on the earlier
October 19		2018			
	Ay Ma	*			

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00