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J. HARRIS

COVER LETTER

CUDIE		FORMANCE & CRYOTHER	RAPY LLC	
SUBJEC	-]; <u></u>	Name of Lim	ited Liability Company .	····
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
	Registration Section Division of Corporations ELITE PERFORMANCE & CRYOTHERAPY LLC Some of Limited Liability Company Closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: JOSHUA B BLONDELL Name of Person Firm/Company 2622 MAGNOLIA AVE Address LAKELAND FL 33812 City/State and Zip Code MWEEKS@WALLTITUS.COM E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: JA B BLONDELL Name of Person Name of Person Name of Person Name of Person Certificate of Status Certificate of Status & Certificate copy (additional copy is enclosed) Certificate of Status & Certific			
			Name of Person	
			Firm/Company	Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy
		2622 MAGNOLIA AVE		
			Address	
		LAKELAND FL 33812		
			•	
		•		
		PORMANCE & CRYOTHERAPY LLC Name of Limited Liability Company mendment and fee(s) are submitted for filing. Jence concerning this matter to the following: JOSHUA B BLONDELL Name of Person Firm/Company 2622 MAGNOLIA AVE Address LAKELAND FL 33812 City/State and Zip Code MWEEKS@WALLTITUS.COM E-mail address: (to be used for future annual report notification) scerning this matter, please call: Person at (863) 698-4808 at (Area Code) Daytime Telephone Number following amount: \$\$0.00 Filing Fee & Certificate of Status Certificate Copy Certificate of Status & Cer		
For furth	er information co	oncerning this matter, please ca	all:	
JOSHUA	A B BLONDELL		at (
	Name of	Person	Area Code Daytime T	'elephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

ELITE PERFORMANCE & CRYOTHERAPY	LLC	
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our record- mited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Con	npany were filed on $\frac{03/22/2018}{}$	and assigned
Florida document number L18000074846		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here;	
OPTIMUM PERFORMANCE & RECOVERY LLC		+
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC	or the abbreviation L.C."
Enter new principal offices address, if applicable:		5.5;
(Principal office address MUST BE A STREET ADDRE	<u> </u>	TO SHOW AND ADDRESS OF THE PERSON OF THE PER
		SE PA I
		Man De Art
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Ş⊓ €
B. If amending the registered agent and/or register	rad affice uddrass on our records	anter the name of the new
registered agent and/or the new registered office addres		s, enter the frame of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	5
	, Flo	orida
	Ciţy	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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			☐ Remove
			Change
			Remove
			☐ Change
			Repove
	<u> </u>		FIGURE TO SERVE
			☐ Change
			□ Add
			Remove
			□ Change

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ective date, if other than the da	nte of filing: 03/	122/18	(optional)	
effective date is listed, the date must bee: If the date inserted in this block	c specific and cannot be prior	to date of fitting of more man	90 days after filing.) Po	arsuant to 605.02
ument's effective date on the Department			emens, this tare wi	ii not be fisted
record specifies a delayed e he 90th day after the recor		t an effective time, a	it 12:01 a.m. on	the earlier
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