

(Re	equestor's Name))
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Dx	ocument Number)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PERFORMANCE HEROWOOD FLOORS 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:
ERIKA CANHERU
Name of Person
Ete financicu Services TUC
PO BOY 2012 Address
Woodstock, GA 30188
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ERIKA CAMERO at (678) 643-0714 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{S60.00 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

Performing (Name of the Limited Liat (A Flor	Dility Comparida Limited I	env as it now appears on our records.) Liability Company)
	/ Company	were filed on $04/17/20/8$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liabi	ility company here:
The new name must be distinguishable and contain the words "LEnter new principal offices address, if applicable: Principal office address MUST BE A STREET ADD		1000 Airport Rd Unit 113 Destin FL 32541
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		(10000 PU BOX 2612 WOODSHOCK, GA 30188
3. If amending the registered agent and/or reg registered agent and/or the new registered office ad		Tice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address: 100	DO Air	eport Rd Unit 113
	Dest	Enter Florida street address 1 City Florida 254/ 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

Title	Name	Address	Type of Action
		 	
			Remove
			□ Change
			Add
			□ Remove
			Change
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			Change
			
			Remove
			Change

	
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	October 18 2019.
	Signature of a member or authorized representative of a member
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Filing Fee: \$25.00