## L18000149796

(Requestor's Name)
(Address)
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## **COVER LETTER**

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SUBJEC	, T.	PERFORMANC	E AUCTION SERVICE .LLC	
SUBJEC	.1:	Name of Lir	nited Liability Company	<del>-</del>
The enclo	osed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please ret	turn all corresp	ondence concerning this matter	to the following:	
		SANDI WINDSOR		
			Name of Person	
		WALTER S. SANDERS	& ASSOCIATES, P.A.	
			Firm/Company	<del></del>
		16528 N. DALE MABRY	'HWY.	
			Address	<del></del>
		TAMPA, FLORIDA 3361	8	
		•	City/State and Zip Code	
		SANDI@WALTERSAND		
		E-mail address; (	to be used for future annual report notific	cation)
For furthe	er information o	concerning this matter, please c	all:	
SANDI V	WINDSOR		813 961-0094	
	Name o	f Person		Telephone Number
Enclosed	is a check for the	he following amount:		
■ \$25.0	0 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 Addres Registration S		Street Address: Registration Sect	ion
13	Division of C	Corporations	Division of Corpo	orations
	P.O. Box 632		The Centre of Ta	
ı	Tallahassee, I	CL 04014	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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## PREFORMANCE AUCTION SERVICE, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	maonity Company)		
The Articles of Organization for this Limited Liability Company	were filed on JUNE 18, 2018 and assigned		
Florida document number L18000149796			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
MATT LOZADA, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5235 ARIVA DRIVE		
(Principal office address MUST BE A STREET ADDRESS)	APT. 102		
	LAKELAND, FL 33812		
	WALTER C. CAMPIERS & ACCOUNTED BY		
Enter new mailing address, if applicable:	WALTER S. SANDERS & ASSOCIATES, P.A.		
(Mailing address MAY BE A POST OFFICE BOX)	16528 N. DALE MABRY HWY. TAMPA, FLORIDA 33618		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register		
Name of New Registered Agent:	<del>-</del>		
New Registered Office Address:			
	Enter 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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change,	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		
[f.Char	nging 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>	<u>Name</u>	<u>Address</u>	211577 21 PH 4: 23	Type of Action
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ective date, if other than the date effective date is listed, the date must be tee. If the date inserted in this block ument's effective date on the Department.	specific and cannot be prior to does not meet the application	o date of tiling or more t	dop han 90 days at quirements, t	ler filing.) Pursua	ant to 605.020 ot be listed a
cord specifies a delayed effective d s filed.	ate, but not an effective tin	ne, at 12:01 a.m. on th	he earlier of:	(b) The 90th	day after the
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Mat	nature of amember or author				
(1/21/2)	11/10/10/				

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