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COVER LETTER

Performar	ace Solutions Consulting Group.	LLC				
SUBJECT:Name of Limited Liability Company						
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Kenneth A. Nemcovich					
		Name of Person				
	Performance Solutions Co	nsulting Group, LLC				
		Firm/Company				
	6000-A Sawgrass Village	Circle, Ste 3				
		Address				
	Ponte Vedra Beach, FL 32	082				
		City/State and Zip Code				
	ken@nemcovichassociates.	com to be used for future annual report notil	ingliant			
For further information	concerning this matter, please co	·	earwii)			
Kenneth A. Nemcovich		603 568-8248				
Name	of Person	at ()	Telephone Number			
Enclosed is a check for t	the following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Performance Solutions Consulting	•		
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Florida document number 119000024574	and assigned		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company l	<u>nere</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company " the	designation "L1 (") or the abbreviation "L1 (")"	
Enter new principal offices address, if appli			
(Principal office address MUST BE A STRE	·	100 10 10 10 10 10 10 10 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	-6 -6 -6 -6 -6 -6 -6 -6 -6 -6 -6 -6 -6 -	
B. If amending the registered agent and registered agent and/or the new registered of			
Name of New Registered Agent:	Kenneth A. Nemcovich		
New Registered Office Address:	6000-A Sawgrass Village Circle	, Ste 3	
	Enter FI	orida street address	
	Ponte Vedre-Beach	, Florida <u>32082</u>	
	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>	<u>Name</u>	Address	Type of Action
AMBR	Debra L. Nemcovich	6000-A Sawgrass Village Circle, Ste 3, Ponte Vedra Beach, FL	
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Typed or printed name of signee

Filing Fee: \$25.00