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COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	T: JLA Performance LLC Name of Limited Liability Company	
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.	
Please ret	turn all correspondence concerning this matter to the following:	
	Francisco J. Batista Name of Person JLA Performance LLC Firm/Company	
	1209 SW 1/th street	
	CAPE COTAL FL 33991 City/State and Zip Code TUT 606846 9ma; L. COM E-mail address: (to be used for future annual report notification)	10 113 25
_	er information concerning this matter, please call:	<u>rr.</u> : : : : : : : : : : : : : : : : : : :
Trai	NCISCO J. Bq+iS+a at (786) 991 4468 Name of Person Area Code Daytime Telephone Number	
	is a check for the following amount: 0 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing	of Status &

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

JLA Perform	ance LLC	
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our records inted Liability Company)	<u>) </u>
The Articles of Organization for this Limited Liability Com Florida document number <u>L 1900042422</u> .	pany were filed on	019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	,, ••
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	7
Enter new mailing address, if applicable:		RECEIVED THE
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	
	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

.. 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>	Type of Action
AR	Jerika Rivera	1209 SW 11th Street Cape coral FL 33991	Add
		cape coral FL 33991	Remove
			☐ Change
			□ Add
			Remove
			□ Change
		 	Add
			Remove
			Change
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If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lfan effe <u>Note:</u> I	we date, if other than the date of filing: 3/20/19 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
ne reco	ord 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 _	Mach 2011.
	For
	Signature of a member or authorized representative of a member
	Francisco J. Batista Typed or printed name of signee

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Filing Fee: \$25.00