

L19 000054376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

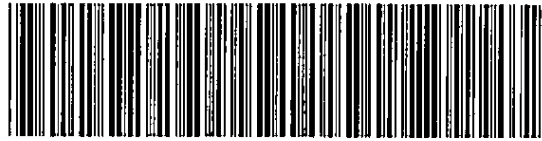
(Business Entity Name)

(Document Number)

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2019 AUG 19 P 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

AUG 27 2019

T. LEBLANC

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Jacksonville Performance, 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:

Donald Marshall Adkison

\_\_\_\_\_  
Name of Person

Adkison Towing

\_\_\_\_\_  
Firm/Company

7405 Phillips Highway

\_\_\_\_\_  
Address

Jacksonville, Florida 32256

\_\_\_\_\_  
City/State and Zip Code

MA@AdkisonTowing.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Q. Lewis, III

904

201-3981

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 Filing 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**

Jacksonville Performance, LLC

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

**FILED**

**2019 AUG 19 P 11:05**

The Articles of Organization for this Limited Liability Company were filed on February 25, 2019

Florida document number L19000054376

and assigned  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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:

7405 Phillips Highway

**(Principal office address MUST BE A STREET ADDRESS)**

Jacksonville, Florida 32256

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Donald Marshall Adkison

New Registered Office Address:

7405 Phillips Highway

*Enter Florida street address*

Jacksonville

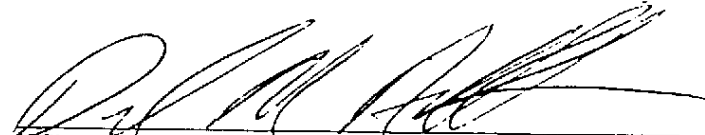
Florida 32256

*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>	<u>Address</u>	<u>Type of Action</u>
AP	Richard Q. Lewis, III		<input type="checkbox"/> Add
		St. Augustine, Florida	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Donald Marshall Adkison	7405 Phillips Highway	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(If an effective 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 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Aug 13 2019  
[Signature]  
 Signature of a member or authorized representative of a member

Typed or printed name of signee