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(Requestor's	Name)
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SECRETARY OF STATE
TALLAHASSEE EI

COVER LETTER

TO:

ro:	Registration Sec Division of Corp			
erin in		ERFORMANCE FIRST		
SUBJE	.cr:	Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		JARRETT A. PERRY		
			Name of Person	
		PERRY CPA GROUP LLO	2	
			Firm/Company	
		900 NOLIVE AVE		
			Address	
		WEST PALM BEACH, FI	. 33401	
		SI CHURDY CDA COM	City/State and Zip Code	
		SL@PERRY-CPA.COM E-mail address: (to be used for future annual report no	ntification)
For fur	ther information co	ncerning this matter, please ca	all:	
JARRI	ETT A. PERRY		561 231-5966	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclos	ed is a check for the	e following amount:		
■ \$2	5.00 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 Solvision of Co P.O. Box 6327 Tallahassee, F	ection prporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLAYER PERFORMANCE FIRST

(Name of the Limi	ted Liability Company as it now appears on our record- (A Florida Limited Liability Company)	<u>r·</u>)
The Articles of Organization for this Limited L	iability Company were filed on 05/07/2019	and assigned
Florida document number L19000124292		
Piorida document number	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	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 appli	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		SE 202
(Mailing address MAY BE A POST OFFICE		AL R 8 'T
		RY ASS
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, <u>enter</u>	
agent und vome new register a ornee waar		2: 02 2: 71 2: 71 2: 71
Name of New Registered Agent:	JARRETT A. PERRY	TE 12
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	7
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
provisions of all statutes relative to the proj accept the obligations of my position as reg	ed agent and agree to act in this capacity. I fur oer and complete performance of my duties, an istered agent as provided for in Chapter 605, I registered office address. I hereby confirm that change.	d I am familiar with and F.S. Or. if this document is at the limited liability

If amending Authorized Person(s) authorize	d to manage	, <u>enter the title,</u>	name, and	address of each	person	being added
or removed from our records:						

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
		 	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		 	□Add
		-	□ Remove
			□Change
			□Add
		********	□Remove
		•	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change

ii amendi	ing any other into	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
	-	
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	<u>.</u>	
 ;		
(If an effective	ve date is listed, the da	n the date of filing:
		the Department of State's records.
the record sport is filed.		fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	9/9/3	1027
Datett	UDI S	
		Signature of a memberior authorized representative of a member
	JARRETT A. PER	RY UL U
		Typed or printed name of signee

Filing Fee: \$25.00