L19000148654

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COVER LETTER

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Fallahassee, FL 32314

TO:

TO: Registration Sec Division of Corp			· *	
SUBJECT: K	MU PERFORM	ence LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	= EEL! ~ }	Name of Person		
	KMU PER	ETORMANCE LLC		
		ANDOVER DR. Address		
	Davenza	ET FL 338	97	
For further information co	T: VMU PERFORMER LLC Name of Limited Liability Company seed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: ### PERFORMENCE LLC Firm/Company			
ERL?N Name of	AONTE-O Person	at (786) 317 7983 Area Code Daytime Telephone Number		
Enclosed is a check for th	e following amount:			
52 \$25.00 Fiting Lee 1		Certified Copy	Certificate of Status & Certified Copy	
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ction	
Division of Co	orporations	Division of Cor	porations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2521 JAY - 6 PR 1: 38 KMU PERFORMANCE (Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number L19 000148654 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 ADDRESS) 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: New Registered Office Address: Enter Florida street address _. Florida _

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

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 Address Address Fil 1: 38 Type of Action <u>Title</u> Name KEVIN MONTERO 210 ANDOVER DR DOVERSORT FL WAND ZLO LINDOVER DR. DAVENFORT EL DEGLO AMBR ERLIN MONTERO DAdd ____ Change □Remove ___ _ __ __ Change Remove

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ffective date, if other an effective date is listed, to the late inserted ocument's effective date.	the date must be specific and in this block does not	nd cannot be prior) meet the applica	o date of filing or me ble statutory filing	(option ore than 90 days after f g requirements, this	iling.) Pursuant to 605.02
record specifies a delay d is filed	ved effective date, but n	ot an effective tir	ne, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
Dated 5 8 2	- \	·	June 1)	
		•			
	Signature of	a member or autho	rized representative	of a member	