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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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I ALBRITTON

COVER LETTER

TO:

Registration Section

Division of Co	porations						
SUBJECT:	Performance Name of Lim	ited Liability Company ,	<u> </u>				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Lauren	n Hodges Name of Person					
	<u>Perform</u>	ne on Purpose	LUC				
	473 Roya	Polm G - Address					
	Satellite	Brach FL 320 City/State and Zip Code	137				
	laurenhoo E-mail address: (da estrainins e co	inail. com				
For further information of	concerning this matter, please e	all:					
Lauren Name e	1-todges	at (407) 963 - Area Code Daytin	- 5854 ne Telephone Number				
Enclosed is a check for t	he following amount:						
□ \$25.00 Filing Fee	S30.00 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 Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of T	rporations				
Tallahassee,		2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	Performance on Pr	urpose LLC	
DOCUMENT NUN	1.20000005855	· · ·	
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Lauren Hodges		
		Name of Contact Pe	rson
	Performance on Purpose, LLO	С	
		Firm/ Company	
	473 Royal Palm Court		
		Address	
	Satellite Beach, FL 32937		
		City/ State and Zip (Code
	laurenhodgestraining@gmail.	.com	
	E-mail address: (to be us	sed for future annual re	port notification)
For further informat	ion concerning this matter, pleas	se call:	
Lauren Hodges		407 at (963-5854
Name	e of Contact Person		Code & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida I	Department of State:
\$ 35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status
Ar Di P.0	ailing Address nendment Section vision of Corporations O. Box 6327	An Div Th	eet Address endment Section rision of Corporations e Centre of Tallahassee
Та	llahassee FL 32314	24	15 N. Monroe Street, Suite 810

Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2020

LAUREN HODGES 473 ROYAL PALM COURT SATELLITE BEACH, FL 32937

SUBJECT: PERFORMANCE ON PURPOSE, LLC

Ref. Number: L20000005855

We have received your document for PERFORMANCE ON PURPOSE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 720A00007267



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florid	lity Company as it now appears on our revords.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on 12/27/2019 and assigned
Florida document number <u>L2000000585</u>	<u>5</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lir Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C." RESS)
Enter new mailing address, if applicable:	B TI
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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	Phil Burton	2038 Black Lake Blue	<u>d.</u> □Add
		Winter Azrden, FL 347	<u>87</u> □Remove
			K l Change
AMBR	Lauren Hodges	473 Royal Polm (+.	□Add
		Satellite Brach, FL	□Remove
		32937	🗷 Change
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			□Remove
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lf an effecti <u>Note:</u> If t	date, if oth we date is liste he date inser 's effective o	d, the date m ted in this	ust be speciti block does :	e and ean not meet	not be prior the applic	to date c able sta	tutory fili	more than ng requir	90 days a	fter filing.) Pursuant		
e record sp d is tiled.	pecifies a del	ayed effect	ive date, bu	t not an c	effective t	ime, at 1	2:01 a.m	on the e	arlier of:	(b) Th	e 90th da	y after the	
	Λ	1 13		<u>2</u>	<u>020</u>								
Dated	HPO	•	(>					

Filing Fee: \$25.00