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## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations					
	G PERFORMANCE SERVIC	ES FLORIDA LLC	n de la companya de l			
SUBJECT:	Name of Lir	nited Liability Company	<del></del>			
The enclosed Articles of	Amendment and fec(s) are sul	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	GERARDO MARTINEZ					
Certificate of Status Certified Copy Certific (additional copy is enclosed) Certific						
	AMIGO ACCOUNTING	& TAX SERVICE LLC	• •			
		Firm/Company	<del></del>			
	112 43RD AVE SW	,				
		Address	<del></del>			
	VERO BEACH FL 3296	8				
	-	City/State and Zip Code				
	•		<u></u>			
Con fronte ou in formanting		·	tification)			
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Name o	of Person	Area Code Daytir	ne Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ection			
Division of C	orporations	Division of Corporations				
P.O. Box 632		The Centre of				
Tallahassee, l	"L 32314	2415 N. Monro	oe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### BUILDING PERFORMANCE SERVICES FLORIDA LLC

(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  $\frac{01/21/2020}{1}$ \_\_\_\_\_ and assigned Florida document number L20000026233 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 <u>\_\_</u>

### 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>	Address	Type of Action
AMBR	Jeff Mende	760 8th Court	<b>≣</b> Add
		Unit 9	□Remove
		Vero Beach FL 32962	
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ective date, if other than the effective date is listed, the date must te: If the date inserted in this blo	be specific and ca	annot be prior to	date of filing or	more than 90 days	after filing.) Purs	uant to 605,020
rument's effective date on the De	partment of Sta	te's records.	ne statutory in	ng requirements.	ims date will i	ior oc fisied a
cord specifies a delayed effective s filed.	date, but not ar	i effective tim	e, at 12:01 a.m	, on the earlier of	f: (b) The 90tl	h day after the
April 27		2025				
	No.	Inse	. •			
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<del></del> -	Signature of a me					