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PASSILLS

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	ormance LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del> :
The enclosed Articles of	Amendment and fee(s) are sub	owitted for filing	
	ondence concerning this matter	-	
	Ryan Burogs Jimenez		
		Name of Person	
	KA-T Peformance LLC		
		Firm Company	
	3812 N 57th St		
		Address	
	Tampa, Florida 33619		
	<del></del>	City/State and Zip Code	
	unitedimportslogistics@gm		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Ryan Burgos Jimenez		813 368-6800 at ( )	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co.	rporations
P.O. Box 632		The Centre of 1	
Tallahassee, 1	rt. 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KA-T PERFORMANCE LLC

超過さ 126 PN 3:0:

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

1A Florida Limited Liability Company)

	(A 1 torida Cilifica )	Jamin'y Company?		
The Articles of Organization for this Limited L Florida document number <u>L20000148067</u>		were filed on June	1, 2020	and assigned
This amendment is submitted to amend the fol				
A. If amending name, enter the new name of	of the <u>limited liab</u>	ility company her	<u>·e</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de-	signation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		<del></del>
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	(BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addresses	~	address on our re	cords, <u>enter the nan</u>	ne of the new registere
Name of New Registered Agent:	1071			
New Registered Office Address:	N/A			
		Enter Flori	da street address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete fistered agent as p registered office	performance of i provided for in C	ny duties, and 1 am , hapter 605, F.S. Or .	familiar with and if this document is

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>	Name	<u>Address</u>	Type of Action
RA	Ryan Burgos Jimenez	5415 Ginger Cove Dr, Apt G Tampa, Fl. 33634	□Add
			□Remove
		MGR, AMBR	Change
			□Add
			□Remove
			□Change
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ctive date, if other than	the date of filing:	(optional)	
e: If the date inserted in the		te of filing or more than 90 days after filing statutory filing requirements, this date	
cord specifies a delayed eff s filed.	ective date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b) Th	ie 90th day after the
June 24 ed	2020		
	··		
- A 1	My and		

Typed or printed name of signee