## L20 000 324539

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500368245505

06/21/21--01021--017 \*\*25.00



7/11/2

## **COVER LETTER**

Division of Cor	porations			
GP Perform				
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Harley Keers			
		Name of Person		
		Firm/Company	<del></del>	
	397 Barberry Lane			
		Address		
	Altamonte Springs, FL 32	714		
		City/State and Zip Code	<del></del>	
	gpperformance407@gmail.	com to be used for future annual report notifi	cation	
For further information c	oncerning this matter, please c	•		
Harley Keers		407 675-8118 at ()		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Shows Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address: Registration Sect	tion	
Registration Section Division of Corporations		Division of Corp		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GP Performance LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.)  ty Company)	
The Articles of Organization for this Limited Liability Company were	e filed on 10/13/2020	and assigned
Florida document number L20000324539		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
Gaston Performance LLC		
The new name must be distinguishable and contain the words "Limited Liability Contains the words".	ompany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
<del>-</del>		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Mulling dauress MAT BE A POST OFFICE BOX		<del></del>
<del>-</del>		د-ي
B. If amending the registered agent and/or registered office addr	ess on our records, enter the na	me of the new regis
igent and/or the new registered office address here:	ess on our records, <u>enter the har</u>	are of the free region
Name of New Registered Agent:		- · ·
		 గ్రాం
New Registered Office Address:	Enter Florida street address	
	. Florida	
	, riorida 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
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
	<del></del>		□ Add
			□Remove
<del></del>			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ei <b>Note:</b>	tive date, if other than the date of filing:
f the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	Nuc 17 , 2001.
	Signature of a member or authorized representative of a member
	Horky Keers
	Typed or printed name of signee

E111 E 00500