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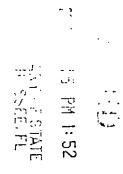
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(Document Number)
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CKSON PERFORMAN				
(Name of the Limited Liability (A Florida)	Company as it now appu- limited Liability Company	ears on our records /)	<u>r</u>)		
The Articles of Organization for this Limited Liability Co Florida document number L21000267901	empany were filed on	06/09/2021		_ and assig	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company	here:			
C2 PERFORMANCE 2 LLC	11.1	1 -1	" or the abbe	eviation "1 I	C " -
The new name must be distinguishable and contain the words "Limit	ted Liability Company," th	ie designation LLC	or the accor) = 3 - 1:	
Enter new principal offices address, if applicable:	 -			34	
(Principal office address MUST BE A STREET ADDR.	<u> </u>	_			<u>. </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			A COSE FL	FPN 1: 52	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on ou	r records, <u>enter</u>	the name	of the new	<u>registere</u>
Name of New Registered Agent:				<u> </u>	
New Registered Office Address:	Enter	Florida street addres			
		, F I	orida		
	City	,		Zip Code	
New Registered Agent's Signature, if changing Registered	d 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

1

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
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ffective date, if other than the date of f an effective date is listed, the date must be specifi		prior to date	" f Elina or more	han QO days after	filine.) Pursuar	nt to 605.02
f an effective date is listed, the date must be specific. Note: If the date inserted in this block does in the december of the december of the department of the department of the december o	not meet the a	ppiicaoic si	atutory tiling re	quirements, uns	uate	wiji no	oc iistoo
record specifies a delayed effective date, bu	t not an effect	tive time, at	12:01 a.m. on t	he earlier of: (b)) Th	e 90th o	lay after th
d is filed.							
JULY I	2024						
Dated	7, 7	 :					
/	W_		representative of				
Signature	of a member of	r authorized	representative of	a member			

Filing Fee: \$25.00