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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

JOJO'S PE	ERFORMANCE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maria Guevara		
	·····	Name of Person	
	JOJO'S PERFORMANCE	ELLC	
	 	Firm/Company	
	1991 se airoso blvd		
		Address	
	Port St. Lucie FL 34984		
		City/State and Zip Code	
	Jojosperformance@gmail.c		
	E-mail address: (to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	
Maria Guevara		772 6210807	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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 Addres		Street Address:	
Registration S		Registration S	
Division of C P.O. Box 632		Division of Co The Centre of	
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN - 1 AM 8: 04

JOJO'S PERFORMANCE 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 Compan	y were filed on <u>5/12/2022</u>	and assigned
Florida document number L22000225248		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designatio	n "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)		
(Maning undress MAT BE A FOST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	City	, Florida Zip Code
Name Description of Account Co.	·	Zip Code
New Registered Agent's Signature, if changing Registered Agent	_	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my dut provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
If Cha	anging Registered Agent, Signs	ature 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>	<u>Address</u>	Type of Action
MGR	Jonathan A Olivera	1991 se airoso blvd	
			□Remove
			□Remove
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change

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ffectiv	e date, if other than the date of filing: (optional)
fan effec <mark>Note:</mark> If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at seffective date on the Department of State's records.
record :	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after I.
2/ 2ated	/31/2022
	NL . M
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00