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Office Use Only

A. RIVERS
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COVER LETTER

TO:

Registration Section

Division of C	orporations	•	•		
Michael	Elwell Performance LLC	. 7	,		
SUBJECT:					
	Name of Lim	ited Liability Company			
			•		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:	•		
	Michael Elwell				
		Name of Person			
	Michael Elwell Performa	nce LLC			
		Firm/Company	·		
	640 s park rd apt 4-23				
		Address			
	hollywood florida 33021				
		City/State and Zip Code	 		
	michaelelwellperformance	_			
		to be used for future annual report no	omication)		
	n concerning this matter, please o				
Michael Elwell		704 7995156			
Nam	e of Person	at () Area Code Dayti	ime Telephone Number		
Enclosed is a check fo	r the 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)		
<u>Mailing Add</u> Registratio		Street Address: Registration S	Section		
_	Corporations	_	Division of Corporations		
P.O. Box 6		The Centre of			
Tallahasse	e, FL 32314	2415 N. Moni	roe Street, Suite 810 🕟 💎		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michael Elwell Performance			
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it new app Limited Liability Compan	ears on our records.)	
The Articles of Organization for this Limited Liability Colorida document number			and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company	here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," th	e designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on ou	r records, <u>enter the i</u>	name of the new registe
Name of New Registered Agent:			1 (a)
New Registered Office Address:	Enter 1	Florida street address	<u> </u>
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, Florida	်းကို ယူ နောင်းမှာ မောင်းမှာ မ
	City	, 1 10/1102	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
AMBR	Michael Elwell	640 s park rd apt 4-23 hollywood fl 33021	= Add
			-
			□Remove
		440 H 17 22021	Change
MGR	Michael Elwell	640 s park rd apt 4-23 hollywood fl 33021	□Add
			≡ Remove
			□Change
			□ Add
			□ Remove
			□Change
			□ Add
			🗆 Remove
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fective date, if	other than the date of filin	g:		_ (optional)	
n effective date is	isted, the date must be specific and iserted in this block does not r	d cannot be prior to date	of filing or more than 90	days after filing.) Pursua	int to 605.0207
	e date on the Department of S		atutory thing requirem	icitis, tilis date will ne	n be fisted as
ecord specifies	delayed effective date, but not	t an effective time, ar	12:01 a.m. on the earl	ier of: (b) The 90th	dav after the
is filed.				- ' (' '	•
09/27		2022			
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	na de la	11/1/			
	W 11/2	1/1//			
	1- 1 201	////			
	Signature of a	premper or authorized r	epresentative of a memb	er .	