L22000480912

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3/8/23 V·M To whom it way concein: 12/18/22
Please release the same

Please release the same
"Leading shiteature That Foster
Equity and Excellence" from
My LLC so that I may
use it for the same of my

somprofil.

Hork You, Roshada Kedder L. J. Den

RASHADA TEDDEL

COVER LETTER

TO:

EUDIECT.	Leading Ini	tiatives That Foster Equity and	Excellence, LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	ndence concerning this matter	to the following:	
		Rashada S. Tedder	That Foster Equity and Excellence, LLC Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: ada S. Tedder Name of Person Firm/Company 6 Argyle Forest BLVD STE B2 #124 Address sonville, FL 32222 City/State and Zip Code da. tedder@gmail.com E-mail address: (to be used for future annual report notification) g this matter, please call: at (1) Area Code Daytime Telephone Number ing amount: 0.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Please return all correspondence concerning this matter to the following: Rashada S. Tedder				
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		9526 Argyle Forest BLVD	inted for filing. In the following: Name of Person Firm/Company STE B2 #124 Address City/State and Zip Code The used for future annual report notification) 1: 1: 1: 272-6331 at (Area Code) Daytime Telephone Number Street Address: Registration Section Division of Corporations	
			Address	
		Jacksonville, FL 32222		
Division of Corporations Leading Initiatives That Foster Equity and Excellence, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Rashada S. Todder Name of Person Firm/Company 9526 Argyle Forest BLVD STE B2 #124 Address Jacksonville, FL 32222 City/State and Zip Code rashada tedder@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rashada Tedder Name of Person The Godd Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{St. 272-6331} \\ \text{Area Code} \text{ Daytime Telephone Number} \text{St. 260.00 Filing Fee} Certificate of Status Certificate Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee	 			
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		E-mail address: (to be used for future annual report noti	fication)
For further i	nformation c	oncerning this matter, please ca	all:	
Rashada Te	dd er			
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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P.0	D. Box 632	7	The Centre of T	Tallahassee
Ta	llahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEADING INITIATIVES THAT FOSTEREQUITY AND EXCELLENCE, 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 Company were filed on _____November 09, 2022 and assigned Florida document number L22000480912 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Performance Innovations, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the appre 9526 Argyle Forest Blvd Enter new principal offices address, if applicable: Suite B2, #124 (Principal office address MUST BE A STREET ADDRESS) Jacksonville, FL 32222 9526 Argyle Forest Blvd Enter new mailing address, if applicable: Suite B2, #124 (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, FL 32222 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 9526 Argyle Forest Blvd, Suite B2, #124 New Registered Office Address: Enter Florida street address

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.

City

Jacksonville

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	Address	Type of Action
			□Add
			□Remove
			[]Change
			□Add
			□Remove
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Effective date, if other than the date of filing: 1/15/2023 at 12:01 a.m. (optional)	
e 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 rd is filed.	the
Dated Signature of a member of a member	
Rashada Simmons Tedder	

Typed or printed name of signee