L23000233846

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to 1 ming officer. |
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COVER LETTER

| TO: Registration Se Division of Cor | | | | | |
|--|--|---|---|---------------------|--|
| | ERFORMANCE LLC | • | | | |
| SUBJECT: | Name of Lim | ited 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: | | | |
| | ANTHONY JONES | | | | |
| | | Name of Person | | | |
| | JONES & WAZIRI LLC | | | | |
| | | Firm/Company | | | |
| | 1317 EDGEWATER DR STE 589 | | | | |
| | | Address | | 023 F | |
| | ORLANDO FL 32804 | | : | 2023 HOV 21 AM 8: 5 | |
| | | City/State and Zip Code | | | |
| | AJONES@JONESWAZIR | | · · · · · · · · · · · · · · · · · · · | | |
| | E-mail address: (| to be used for future annual report notific | ation) | . β. σ. | |
| For further information of | oncerning this matter, please c | all: | | . 00 | |
| ANTHONY JONES | | 252 258-1310 at () | | <u></u> | |
| Name o | f Person | Area Code Daytime | Felephone Number | | |
| Enclosed is a check for t | he following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Certificate of Certified Co (additional cop | of Status & | |
| Mailing Addre | | Street Address: | | | |
| Registration : Division of C | | Registration Section Division of Corporations | | | |
| P.O. Box 632 | - | The Centre of Tallahassee | | | |
| Tallahassee, | | 2415 N. Monroe Street, Suite 810 | | | |
| | | Tallahassee EL 3 | 32303 | | |

12/11/22

no \$

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited L. | iability Compa lorida Limited I | ny as it now appears on our rec Liability Company) | cords.) | | |
|---|------------------------------------|---|---------------------------------------|-------------|---------|
| The Articles of Organization for this Limited Liabil | ity Company | were filed on <u>5/11/2023</u> | | _ and ass | igned |
| lorida document number L23000233846 | · | | | | |
| his amendment is submitted to amend the following | ng: | | | | |
| If amending name, enter the new name of the | limited liab | ility company here: | | | |
| | | , , , , , , , , , , , , , , , , , , , | | 1 at 111 | |
| he new name must be distinguishable and contain the words | "Limited Liabil | | | | L.C. |
| nter new principal offices address, if applicable | 2: | 12627 San Jose Blvd Build | ing 3. Suite #303 | 2023 NO | |
| <u>Principal office address MUST BE A STREET A</u> | DDRESS) | JacksonvillE FL 32223 | · · · · · · · · · · · · · · · · · · · | | ± ; |
| | | | <u>:</u> - | 21 | |
| | | | | ĀH | |
| nter new mailing address, if applicable: | | 12627 San Jose Blvd Build | ling 3, Suite #305 | | į |
| Mailing address MAY BE A POST OFFICE BOX | X) | Jacksonville, FL 32223 | | 58 | |
| | | | | | |
| | | | | e 43 | • |
| . If amending the registered agent and/or regis gent and/or the new registered office address he | | address on our records, <u>en</u> | iter the name o | t tne nev | v regis |
| | | | | | |
| Name of New Registered Agent: F | FRED GIBSON iv | | | | |
| New Registered Office Address: | 2627 San Jose | Blvd Building 3, Suite #305 | | | |
| | | Enter Florida street aa | ldress | | |
| J. | acksonville | | . Florida <u>32223</u> | _ | |
| - | | 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 |
|--------------|----------------|--|---------------------|
| CEO | Fred Gibson IV | 12627 San Jose Blvd Building 3, Suite #305 | = Add |
| | | Jacksonville FL 32223 | □Remove |
| | | | □Change |
| | | | □Add |
| | | - | □Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: _ Effective date, it other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 the record is filed. Dated November1st 2023 Signature of a member or authorized representative of a member Fred Gibson IV Typed or printed name of signee