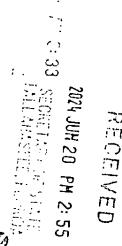
L24000082997

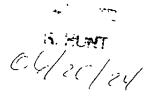
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.1), 0.110 _1,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
r
Special Instructions to Filing Officer:

Office Use Only



100429640301





CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

		
YAZ PERFORMA	ANCE LLC	 ,
Please Debit FCA	000000003 For: 60.00	
Thank you Seth No	relev	
1.4		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		E.C. File
		Ficutions Name File &
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
1.		Officer Search
1	7/	Fictitious Search
Signature	<u>/</u>	Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:	06/20/24	UCC 1 or 3 File
<u></u>		UCC 11 Search
Name	Date Time	UCC II Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO: Registration S Division of Co					
(2.4.14% 4.12.CVP)	FORMANCE LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Alexis Chentouf				
		Name of Person			
	YAZ PERFORMANCE L	LC			
		Firm/Company	• •		
	1410 darla st				
	 -	Address			
	Ocoee, FL 34761				
		City/State and Zip Code	· ·		
	yasin.yaya@yahoo.com		، (بي د ب (بي		
	E-mail address: (to be used for future annual report not	ification)		
For further information	concerning this matter, please c	all:			
Yasin Chentouf		407 9232131 at ()			
Name	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for	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		
Mailing Addr Registration		<u>Street Address:</u> Registration Se	ection		
_	Corporations	Division of Corporations			
P.O. Box 63	27	The Centre of	Tallahassee		
Tallahassee.	FL 32314	2415 N. Monro	pe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YAZ 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 Company were filed on $\frac{2/15/2024}{1}$ _____ and assigned Florida document number ____L24000082997 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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) 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: 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.

Cirv

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
MGR	Yasin Chentouf	1410 wanda st. ocoee FL 34761	= Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			 □Remove
			□Change
			□Āḍd
			. C3 . C3 □Remove
			Change
			□Add
			Remove
			□Change
		 	□Add
			Remove
			□ Change

				· · · · ·					
					<u></u>				
								•	
			· · · · · ·						
			.						
									· · · · · · · · · · · · · · · · · · ·
									් න
								,	
			<u> </u>			_		 -	
									
te: If the	date inserted	han the date of the date must be specified in this block do on the Department	es not meet t	he applicabl	date of filing o e statutory fi	r more than 90 ling requiren	(option days after til nents, this d	al) ling.) Pu late wil	rsuant to 605.02 I not be listed
cord spec s filed.	ifies a delayed	d effective date.	but not an e	ffective time	, at 12:01 a.i	m, on the ear	ier of: (b)	The 90)th day after th
ed	1024	<u> </u>	·		-				
	,	Hapr	\sim		-				
	<i>I</i> _	Sinna	ure of a memb	per or authoric	ed representa	ive at a mamb	err		

Filing Fee: \$25.00