

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H24000384901 3)))



H240003849013ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2024 NOV 20 PM 4:46  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 11/20/2024 BY 60322 UCBAW/STP

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RG & T DESIGN LLC**

Certificate of Status	0
Certified Copy	1
Page Count	08
Estimated Charge	\$55.00

RECEIVED  
2024 NOV 20 PM 10:32  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

## COVER LETTER

H24000384901 3

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RG & T Design LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Teresa Whitlock

\_\_\_\_\_  
Name of Person

Performance Services Design

\_\_\_\_\_  
Firm/Company

4670 Haven Point Blvd

\_\_\_\_\_  
Address

Indianapolis, IN 46280

\_\_\_\_\_  
City/State and Zip Code

twhitlock@performanceservices.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teresa Whitlock

\_\_\_\_\_  
Name of Person

at ( 317 ) 713-1750

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

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**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: RG & T Design LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M24000006406

3. Jurisdiction of its organization: Indiana

4. Date authorized to do business in Florida: May 20, 2024

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Performance Services Design, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

\_\_\_\_\_, Florida  
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 Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: H24000384901 3

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

\_\_\_\_\_  
Signature of the authorized representative

Russell M. Webb III

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

**State of Indiana  
Office of the Secretary of State**

**Certified Copies**

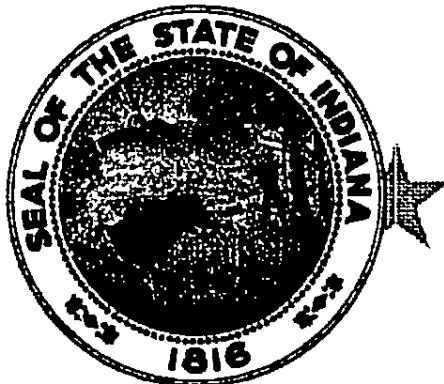
To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that this is a true and complete copy of this 3 page document consisting of the following records filed in this office:

Certification Date: November 08, 2024  
Business Name: PERFORMANCE SERVICES DESIGN, LLC  
Business ID: 202209131622639

Transaction	Date Filed	No. of pages
Articles of Amendment	10/29/2024	3
Total No. of pages		3



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 08, 2024

*Diego Morales*

DIEGO MORALES  
SECRETARY OF STATE

202209131622638 / 17178864

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on December 08, 2024.

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**State of Indiana  
Office of the Secretary of State**

**Certificate of Amendment  
of  
RG & T DESIGN, LLC**

I, DIEGO MORALES, Secretary of State, hereby certify that Articles of Amendment of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

The name following said transaction will be:

**PERFORMANCE SERVICES DESIGN, LLC**

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, October 28, 2024.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 29, 2024

*Diego Morales*

DIEGO MORALES  
SECRETARY OF STATE

202209131622638 / 10548134

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

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APPROVED AND FILED  
DIEGO MORALES  
INDIANA SECRETARY OF STATE  
10/29/2024 08:29 AM

[REDACTED]

[REDACTED]

BUSINESS ID 202209131622638  
BUSINESS TYPE Domestic Limited Liability Company  
BUSINESS NAME RG & T DESIGN, LLC  
PRINCIPAL OFFICE ADDRESS 4670 Haven Point Blvd, Indianapolis, IN, 46220, USA  
DATE AMENDMENT WAS ADOPTED 10/28/2024

[REDACTED]

EFFECTIVE DATE 10/28/2024  
EFFECTIVE TIME 02:36PM

[REDACTED]

DATE OF ADOPTION 10/28/2024  
NEW BUSINESS NAME Performance Services Design, LLC

2024 NOV 20 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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**APPROVED AND FILED**  
**DIEGO MORALES**  
**INDIANA SECRETARY OF STATE**  
**10/29/2024 08:29 AM**

THE MANNER OF THE ADOPTION OF THE ARTICLES OF BUSINESS AMENDMENT CONSTITUTE FULL LEGAL COMPLIANCE WITH THE PROVISIONS OF THE ACT, AND THE ARTICLES OF ORGANIZATION.

THE UNDERSIGNED MANAGER OR MEMBER OF THIS LIMITED LIABILITY COMPANY EXISTING PURSUANT TO THE PROVISIONS OF THE INDIANA BUSINESS FLEXIBILITY ACT DESIRES TO GIVE NOTICE OF ACTION EFFECTUATING BUSINESS AMENDMENT OF CERTAIN PROVISIONS OF ITS ARTICLES OF ORGANIZATION.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY **October 28, 2024**.

THE UNDERSIGNED ACKNOWLEDGES THAT A PERSON COMMITS A CLASS A MISDEMEANOR BY SIGNING A DOCUMENT THAT THE PERSON KNOWS IS FALSE IN A MATERIAL RESPECT WITH THE INTENT THAT THE DOCUMENT BE DELIVERED TO THE SECRETARY OF STATE FOR FILING.

**SIGNATURE**

Russell M. Webb III

**TITLE**

Legal Representative

Business ID : 202209131622638

Filing No. : 10548134

**FILED**  
**2024 NOV 20 PM 4:46**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**