P21000040766

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LIVE FOST PERFOYMENCE INC.
DOCUMENT NUMBER: P2100040766
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Skyler PridemOVL Name of Contact Person Live Fast Performan Ce Inc. Firm/ Company
Firm/ Company 2156 W. King St. Address
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Gordon at (423) 482-3385 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$\begin{array}{ c c c c c c c c c c c c c c c c c c c
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

of

		· ,		<u>::::::::::::::::::::::::::::::::::::</u>
(Name of Corporat	tion as currently filed t	with the Florida I	Dept. of State)	j : . · · · · .
T 1/26th	7. Thus		·	
(Docu	ment Number of Corpo	ration (if known)		·
ersuant to the provisions of section 607,1006. Floric s Articles of Incorporation:	ia Statutes, this <i>Florida</i>	Profit Corporatio	n adopts the follow	ving amendmen
If amending name, enter the new name of the c	corporation:			
				The new
ume must be distinguishable and contain the word "e lne.," or Co.," or the designation "Corp," "inc Aartered," "professional association," or the abbi	;" or "Co". A profes	y," or "incorporat ssional corporatio	ed" or the abbrevi n name must con	ation "Corp.," tain the word
Enter new principal office address, if applicable Principal office address MUST BE A STREET AD				
		_/		
		<i>i</i>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>)			
/				
				<u> </u>
If amending the registered agent and/or regist	ered office address in	Florida, enter the	name of the	
new registered agent and/or the new registered	a office address:			
Name of New Registered Agent			·	
<u></u>				.
	(Florida street addr	ress)		
New Registered Office Address:			, Florida	
	(City)		(2	Cip Code!
Delice and America Cincontinua if abandona De	anictarud Agent:			
ew Registered Agent's Signature, if changing Reservity accept the appointment as registered agent.	<u>I am familiar with an</u>	d accept the obliga	itions of the positio	ori.
Sig	nature of New Register	ed Agent, if changi	ing	

Check if applicable \square The amendment(s) is are being filed pursuant to $s/607.0120\,(11)$ (c). F.S.

Articles of Amendment

to

Articles of Incorporation of

CH SN

Live Fast Pa	uformi	unce Inc		,
(Name of Corpor	ation as curre	ntly filed with the Fig	nar pep 2 9r state	2: 53
				STATE
(Doc	ument Numbe	r of Corporation (if kno	WE LEAHASSE	E, FL
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:				
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the above	ic," or "Co".	A professional corp	porated" or the abb oration name must	The new previation "Corp.," contain the word
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered Mane of New Registered Agent	stered office a		er the name of the	
	(Florida	street address)		
New Registered Office Address:	/	····	, Florida_	
		(City)		(Zip Code)
New Registered Agent's Signature, if changing I	legistered Ag	ent:		
I hereby accept the appointment as registered agen	t. /I am famili	ar with and accept the a	phligations of the po	isition.
Si	gnature of Nev	w Registered Agent, if c	hanging	
Check if applicable The amendment(s) is/are being filed pursuant to	s. 607.0120 (1	1) (e), F.S.		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, v us Remove	, una sui	iy bhithi, BY as an Maa.			
Exa mple: <u>X</u> Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name	Address		
1) Change	VP	Clint Sane	285 montego Bay		
Add Remove			Ct. Merritt Island Fl 32953		
2) K Change	VP	SKYler Pridemore	285 montego Bay Ct. Merritt Island		
Add Remove Change	P	Robert Gordon	F1 32953 285 Monte & Bay		
Add Remove 4) Change Add			Ct. Murritt Island, Fl 32953		
Remove 5) Change Add					
Remove 6) Change Add Remove					
Remove					

nenging or ac ich additional	dding additional A sheets, if necessary,	rticles, enter change). (Be specific)	e(s) here:			
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<u>n amendment</u> ovisions for ir	provides for an ex	change, reclassifica mendment if not cor	tion, or cancellate tained in the am	tion of issued shar endment itself:	res.	
(if not applic	cable, indicate N/A)		<u></u>	•		
						
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The date of each amend	manufe) adaption: 7/13/7/	, if other than the
date this document was si	igned.	
Effective date <u>if applica</u>	hle: 7 13 2 (no more than 90 days afte	r amendment file date)
Note: If the date inserted ocument's effective date	d in this block does not meet the applicable statute on the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendmen	ot(s) (CHECK ONE)	
The amendment(s) wa	as/were adopted by the incorporators, or board of died.	rectors without shareholder action and shareholder
	is/were adopted by the shareholders. The number of vas/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) wa must be separately pr	as/were approved by the shareholders through voting vovided for each voting group entitled to vote separ	g groups. The following statement ately on the amendment(s):
"The number of	votes cast for the amendment(s) was/were sufficient	nt for approval
by		
	(voting group)	
Dated_ Signatu	(By a director, president or other officer – if directed, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	a receiver, trustee, or other court
	Robert Gerelin (Typed or printed name of po	erson signing)
	(Title of person signing)	siclat