L03000035787

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

Office Use Only



500200888815

04/11/11--01009--008 **25.00

2011 APR 14 PM SH ON SECRETARY OF STATE TABLEAHASSEEF FLORID.

C. LEWIS

APR 1 2 2011

EXAMINER

COVER LETTER

	on Section of Corporations					
SUBJECT:	CORPROFEN, LLC					
		ited Liability Company				
The enclosed Articl	les of Amendment and fee(s) are su	bmitted for filing.				
Please return all con	rrespondence concerning this matte	r to the following:				
		Sharon Eidelson				
Name of Person						
Firm/Company						
	<u>.</u>					
	BOYNTON BEACH FL 33436 City/State and Zip Code					
	E-mail address: (to be used for future annual report notificat	ion)			
For further informa	tion concerning this matter, please	call:				
Sharon Eidelson Name of Person		at (561) 28 Area Code & Daytime To	31-4053 elephone Number			
Enclosed is a check	for the following amount:					
\$25.00 Filing Fe	ee\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	IAILING ADDRESS: egistration Section	STREET/COURIER Registration Section	ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 APR IN PH WE ON

(Name of the Limited	CORPROF Liability Compar A Florida Limited L	EN, LLC ny as it now appears iability Company)	on our recorpa	RETARY OF STATE	
The Articles of Organization for this Limited L Florida document numberL0300003		were filed on	9/19/2003	and assigned	
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
	n/a				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company	," the designation "l	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		n/a	1.5		
(Principal office address MUST BE A STREE	ET ADDRESS)				
Enter new mailing address, if applicable:		n/a			
(Mailing address MAY BE A POST OFFICE BOX)			-		
many marcos mil Di i i oo i oi i i oo	<u> </u>	•			
B. If amending the registered agent and/ registered agent and/or the new registered o			r records, enter (the name of the new	
Name of New Registered Agent:	n/a				
New Registered Office Address:	n/a				
		Enter Florida street addres			
		. 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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
PRES	SHARON EIDELSON	209 Disc Drive Boynton Beach, FL 33436	Add Remove
<u>MGRM</u>	SHARON EIDELSON	209 Disc Drive Boynton Beach, FL 33436	Add Remove
MGRM	JEAN S. GONZALEZ	209 Disc Drive Boynton Beach, FL 33436	✓ Add Remove
			AddRemove
			Add Remove
			Add Remove
	nding any other information, enter o	change(s) here: (Attach additional sheets, if necess	sary.)
			2011 APR 14 TABLAHASS
 Dated	April 7	2011	PM SM Od
		ember or authorized representative of a member	
	SH,	ARON EIDELSON, MGRM Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00