## 103000035787

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MAY 29 2012
EXAMINER

05/25/12--01026--013 \*\*25.00

SECRETARY OF STATE

ALLAHASSEE, FLORIDA

EMY 25 PHE:

## **COVER LETTER**

TO: Registration S Division of Co		•	şi <sup>ş</sup>			
SUBJEĊT:	COR	PROFEN, LLC				
The enclosed Articles of	of Amendment and fee(s) are su	ibmitted for filing.				
Please return all corresp	condence concerning this matte	er to the following:				
		SHARON EIDELSON				
		Name of Person				
		CORPROFEN, LLC				
		Firm/Company				
		209 Disc Drive				
		Address				
	Bc	ynton Beach, FL 33436				
		City/State and Zip Code				
	E-mail address:	idelson@bellsouth.net to be used for future annual report notifica	tion)	IAI		
For further information	concerning this matter, please		,	CRET	D MAY	56.87
SHAI	RON EIDELSON	at ( 561 ) 28	81-4053	\$RY SSE	25	Parameter.
<del></del>	of Person	Area Code & Daytime T		DE STAT	OUD MAY 25 PM 12:	THOUSE OF THE SECOND
Enclosed is a check for	the following amount:			Dimi >	<b>@</b> 7.	
<b>✓</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Fili Certificat Certified (additiona	e of Statu Copy		ed)
	,					

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CORPRO	FEN, LLC			
(Name of the Limite	ed Liability Comp A Florida Limited	any as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited	Liability Compan	y were filed on	9/19/2003	and assigned	
Florida document numberL0300003	35787				
This amendment is submitted to amend the following	llowing:				
A. If amending name, enter the new name	of the limited lial	bility company her	<u>·e</u> :		
	n/a	a			
The new name must be distinguishable and end w "L.L.C."	rith the words "Lim	ited Liability Compa	ny," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if appli	n/a				
(Principal office address MUST BE A STRE		<del> </del>	SE SE		
		<del></del>		全流 蒙	
Enter new mailing address, if applicable:		n/a		Y 25 ASSEE	
(Mailing address MAY BE A POST OFFICE			CO Parents		
<del></del>					
		<del></del>		3. S	
B. If amending the registered agent and registered agent and/or the new registered of	or registered o	ffice address on o <u>re</u> :	our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	n/a				
New Registered Office Address:	n/a				
	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 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 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 MGRM JEAN S. GONZALEZ 209 Disc Drive Boynton Beach, Ft. 33436 ☐ Add 🔽 Remove Remove ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. MA-121, 2012. Signature of a member or authorized representative of a member SHARON EIDELSON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00