L040000/3220

(Requestor's Name)	
(Address)	
(Address)	1
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
A. LUNT	
SEP - 2 200a	

Office Use Only

EXAMINER



400159835844

08/31/09--01048--013 **25.00

2009 AUG 31 PM 1: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIO

דורבט

COVER LETTER

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jacob H. M. July Name of Person	TO: Registration Section Division of Corporation	s				
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jacob H. M. kul.s	SUBJECT: Profit	able Ente	rprises LLC			
Please return all correspondence concerning this matter to the following: Jacob H. Mikuls		Name of Limit	ed Liability Company			
Jacob H. Mikuls Name of Person	The enclosed Articles of Amendm	ent and fee(s) are sub	nitted for filing.			
Prof.; table Enterprises LLC Firm/Company 10708 Country River Dr. Address Parrish FL 34219-9599 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jacob Mik.//s Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\square\$ \square\$ \$\frac{347}{255.00}\$ \ \text{Filing Fee} & \text{Certified Copy}	Please return all correspondence co	oncerning this matter t	to the following:			,
Firm/Company 10708 Country Friver Dv. Address Parrish FL 34219-9599 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jacob Mikulas Name of Person Area Code & Daytime Telephone Number Senclosed is a check for the following amount: Senclosed is a check for the following amount: Certificate of Status Certificate of Status & Certificate Of Status & Certificate Copy (additional copy is enclosed)		Jaco	b A. Mikulis			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jacob Mikulos		Profitab	Le Enterprises LL	<u></u>	705 705	•
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jacob Mikulos		10708	Country Priver Dr.		19 AUG 3	T
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jacob Mikulos		Parri		7599	RY OF S	
For further information concerning this matter, please call: Jack Mikulis			City/State and Zip Code		: 05	
Name of Person Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\sqrt{\$\sq}}}}}}}\end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}\end{\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}}\end{\sqrt{\$\sqrt{\$\sq}			•	on)	₽	••
Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy Certified Copy Certified Copy Certified Copy	For further information concerning	this matter, please ca	dl:			
Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy Certified Copy Certified Copy Certified Copy	Jacob Mi	kulis	at (941, 345-590	3		
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status \$ Certified Copy Certificate of Status \$ Certified Copy (additional copy is enclosed)	Name of Person		Area Code & Daytime Tel	ephone Number		
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	Enclosed is a check for the followi	ng amount:		ŕ		
			Certified Copy	Certificate of Star Certified Copy		

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

Profitable Enter	N. 35 // C			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L04000013220</u>	y were filed on <u>O2/</u>	39 / 2004 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		AR 🕿 🔫		
(Principal office address MUST BE A STREET ADDRESS)		HASSEE.		
Enter new mailing address, if applicable:		FLOR		
(Mailing address MAY BE A POST OFFICE BOX)		©#i 3		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our rec re:	ords, enter the name of the new		
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 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> <u>Address</u> **Type of Action** Add 🔲 Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 28 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25,00