Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations .

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From:

Account Name : FILINGS, INC.

Account Number: 072720000101

Phone : (850)385-6735

: (954)641-4192

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6/15/2012

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 JUN 15 AM 7: 59

SECKLIARY OF STATE
TALLAHASSEE, FLORIDA

Profile Profile	LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company  Florida document number L07000058272	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	llity company here:
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	5828 Via De La Plata Circle
(Principal office address MUST BE A STREET ADDRESS)	Delray Beach, Florida 33484
Enter new mailing address, if applicable:	5828 Via De La Plata Circle
(Mailing address MAY BE A POST OFFICE BOX)	Delray Beach, Florida 33484
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:  572.2	

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 Asent

Page 1 of 2

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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 = M MGRM =	enager Managing Member		
Title	Name	Address	Type of Action
			Add Remove
			Add Remove
<b>■</b> ************************************			Add   Komove
<del>,</del>			Add Remove
			Add Reinove
- In ) - House			Add Remove
D. If amen	ling any other information, enter change(s	) here: (Attach additional sheets, if necessary.)	12 JUN 15 AM 8: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA
 Dated	June 13 2012	2	OO ATE RIDA
	/ Joanne P	authorized representative of a member OTIN, Managing Member printed name of signee	

Page 2 of 2

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