

LO7000113046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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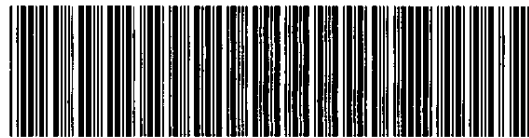
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

SEP - 9 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROFIT TREE CAPITAL INVESTMENT (PTCI), LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ITORO ETUKS

Name of Person

PTCI, LLC

Firm/Company

8566 NW 20 CT

Address

CORAL SPRINGS, FL 33071

City/State and Zip Code

MYETUKS@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ITORO ETUKS

Name of Person

at (**786**)

333 3017

Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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**

PROFIT TREE CAPITAL INVESTMENT (PTCI), LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/08/2007 and assigned Florida document number L07000113046.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PTCI, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

690 NW 62ND STREET

MIAMI, FL 33150

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P O BOX 610307

NORTH MIAMI, FL 33261

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LIBERTY TAX SERVICE 3259

New Registered Office Address:

8566 NW 20 CT

Enter Florida street address

CORAL SPRINGS

City

Florida

33071

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.

[Signature]
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>	<u>Type of Action</u>
MGRM	TROKEE GROUP, LLC	P O BOX 771840 CORAL SPRINGS, FL 33077	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	REGINA ETUK	P O BOX 610307 MIAMI, FL 33261	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ITORO ETUKS	8566 NW 20 CT. CORAL SPRINGS, FL 33071	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ITORO ETUKS	8566 NW 20 CT. CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MEMBER	CHRISTIANA INYANG	2033 NE LIBERTY PORTLAND, OR 97211	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

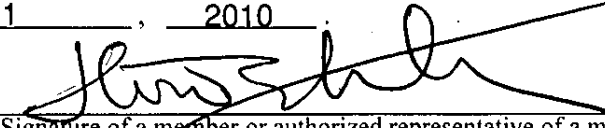
FILED
SEP 10 2010
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

AUTHORIZED REPRESENTATIVE OF TROKEE GROUP, LLC AS A

MEMBER IS ITORO ETUKS

Dated SEPTEMBER 1, 2010


Signature of a member or authorized representative of a member

ITORO ETUKS

Typed or printed name of signee