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COVER LETTER

TO: Registration Section
Division of Corporations

Profit Technologies International 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:

Darla Davis

Name of Person

Profit Technologies

Firm/Company

249 Williamson Rd, Suite 200

Address

Mooresville, NC 28117

City/State and Zip Code

ddavis@profitinsight.com

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

For further information concerning this matter, please call:

Darla Davis

,704,**746-377**4

Name of Person

Area Code & Daytime Telephone Number

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 recrinologies international		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our rec Limited Liability Company)	<u>:oras.</u>)
The Articles of Organization for this Limited Liability Florida document number L08000021146	Company were filed on 12/15/1994	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
Profit Insight International LLC		
The new name must be distinguishable and end with the world.L.L.C."	ords "Limited Liability Company," the desi	ignation "LLC" or the abbreviati
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	PRESS)	<u> </u>
		<u>Ε΄</u> ω
		NO TI
Enter new mailing address, if applicable:		25 SSE SSE
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		25 Z
		—————————————————————————————————————
3. If amending the registered agent and/or regi registered agent and/or the new registered office ad		s, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida .	street address
		lorida
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** Remove Add Remove Remove Remove Add Remove Remove

amending any other information, ent	ter change(s) here: (Attach additional sheets, if necessary.)
Please record the effective date of	the name change as January 1, 2014.
November 18	2013
Scally	
George C. McKee, J	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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