## L09000080519

(Re	equestor's Name)	
(Ac	idress)	<del></del>
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Na	me)
(Do	ocument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	ИИ S. 7	7 2019 TONER

Office Use Only



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May 17, 2013

AMI MARTIN PROFILES V LLC 2323 DEL PRADO BLVD SOUTH, SUITE 2 & 3 CAPE CORAL, FL 33990

SUBJECT: PROFILES V LLC Ref. Number: L09000080519

We have received your document for PROFILES V LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sean Toner Senior Section Administrator

Letter Number: 613A00012499

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Profiles VLLC  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:
Ami mcclure Name of Person
Firm/Company
2323 Del Prado BIVE. #2
Cape Coral Fr. 33990  City/State and Zin Code
Cape Coral Fr. 33990  City/State and Zip Code  Profiles girl@mac.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pmi mcclure at (239) 707 5544  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: PREVIOUSLY SENT CHECK LETTER # (013 A 000) 12499
□ \$25.00 Filing Fee  Certificate of Status  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 ÁMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

13 JUN -6 PH 1:56

Profiles V L (Name of the Limited L (A F	iability Company a lorida Limited Liabi	s it now appears on olity Company)	Si our records.)	ECRETARY OF STATE <del>LL AHA</del> SSEE, FLORIDA
The Articles of Organization for this Limited Liab Florida document number	oility Company we		_	and assigned
This amendment is submitted to amend the follow	/ing:			
A. If amending name, enter the new name of t	he limited liability	company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company," t	he designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicab	ole:			· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO				
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our r	ecords, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:	Ami	ncclure		
New Registered Office Address:	2122	SE 18 P	<mark>L</mark> orida street addr	ress
	<u>cape</u>	SE 18 P Enter Fl COM	, Florida	<b>NOGUS 33</b> 990 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

**Title** Name **Type of Action** MGRM Kathryn Tremel # 210 Skyline Blvd Add Cape Coral Fr 33914 Remove morm Ami McClure 2122 SE 18 PL X Add CUPE COPUL FL 33990 Remove Remove Remove

f amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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· <u> </u>	
_	
_ . <i>T</i> _	-31-2013
d_ <b>5</b> _	W
	Signature of a member or authorized representative of a member  Ami MCC/UC  Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00