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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

NOV - 5 2010

EXAMINER

COVER LETTER

TO: ·

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

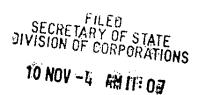
Division of Corporations Profit By Spending, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Bruce Procter Name of Person Jalmark Realty Inc At Pembroke Lakes Firm/Company 10400 Taft Street Address Pembroke Pines, FL 33026 City/State and Zip Code rick@myfloridasales.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) DOS-2000

Area Code & Daytime Telephone Number Rick Grosch Name of Person 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 (additional copy is enclosed) **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Pro	ofit By Spending, LLC			
(<u>Name of the Limited Li</u> (A F	ability Company as it now appear orida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liab	ility Company were filed on	07/14/2010	and assigned	
Florida document numberL100000742	52			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company her	<u>e</u> :		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET.	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:	En	ter Florida street add	ress	
	, 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>	Address	Type of Action
MGRM	Jalmark Realty Inc At Pembroke Lakes	10400 Taft Street Pembroke Pines, FL 33026	Add ☑ Remove
MGRM	Jalmark Holdings, LLC	10400 Taft Street Pembroke Pines, FL 33026	Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
D. If amen	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessary	<i>).)</i>
			SECRETARY DIVISION OF G TÕNOV
Dated	November 1 Buce Is	2010 Coeter	RY OF STATE CORPORATIONS
	Signature of a m	ember or authorized representative of a member	
		Bruce Procter Typed or printed name of signee	
		√1 · · · · · · · · · · · · · · · · · · ·	

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Filing Fee: \$25.00