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SECRETARY OF STATE
TABLAHASSEF, FI DRIDA

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T. CLINE
OCT 12 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Producers, 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:
Dawn M. Debus Name of Person
Profit Producers, LLC Firm/Company
1200 West. Ave. #420
Mamil Beach, FL 33/39 Poss 22 City/State and Zip Code
E-mail address: (so be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (202) 538-9438 CELL The Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: 1

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	Produce	ers, LLC		
(Name of the Limited L (A F	lorida Limited Liability Co	w appears on our records. ompany))	
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed	d on 8/31/11	and assigned	
Florida document number $\frac{2}{100000000000000000000000000000000000$	298 .	/ 4,		
FEIN#45	-2812255			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited liability comp	pany here:		
The new name must be distinguishable and end with to "L.L.C."	the words "Limited Liabili	ty Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicab	ele:			
(Principal office address MUST BE A STREET	ADDRESS)			
			Arc 2	
			OFF CR	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>		S = -	
				
D. 16				
B. If amending the registered agent and/or registered agent and/or the new registered office	registerea omce adar ce address here:	ess on our records, <u>ent</u>	esthe name of the new	
Name of New Registered Agent:		•		
New Registered Office Address:				
	Enter Florida street address			
		, 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 ≈ M	anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Dawn Debus	1200 WEST Ave. #420 mrami Beach, FI 33/39	Add Remove
MGRM	Katherine Oppolheimer	4041 COLLINS AVC, #708 MAMI BEACH, FL 3340	Add Remove
			Add Remove
			Add Remove
		AL AN	Add Eemove
D. If amendi	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessor)	Add Remover
		,	
			_
Dated		·	-
	Lathur Y. Dan	which + Saut	4 fler
		or authorized representative of a member PPENHEIMER DAWN	M. Debus
	i ypea o	n princed name or signee	

Page 2 of 2

Filing Fee: \$25.00