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COVER LETTER

SUBJECT: SUBJECT: Name of Limited Liability Company	
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: Isaac R. Lichtenstein Name of Person	
Please return all correspondence concerning this matter to the following: Isaac R. Lichtenstein Name of Person	
Isaac R. Lichtenstein Name of Person	
Name of Person	
Accounting for Profitability LLC	
Firm/Company	
23190 Fashion Drive STE 209	
Address	
Estero	
City/State and Zip Code FL 33928	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Isaac Lichtenstein 239 948-0546 Ext 101	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee & S60.00 Filing Fee, 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

ISL Financial Advisors, 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 $\frac{12/6}{11}$ _____ and assigned Florida document number L11000137327 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Darlene M. Andert	23190 Fashion Dr Ste 210	= Add
		Estero FL 33928	□ Remove
			Change
			□ Remove
			Change
			D Add
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June/13 Dated		2018						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00