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COVER LETTER

SUBJEC	Accounting	g for Profitability, LLC -		
NOBJEC	.1;	Name of Lin	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	indence concerning this matter	to the following:	
	Registration Section Division of Corporations Accounting for Profitability, LLC - CT: Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Isaac R. Lichtenstein			
			Name of Person	
		Accounting for Profitabil	ity LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		23190 Fashion Drive ST	E 209	
			Address	
		Estero		
			City/State and Zip Code	,
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C CL	i c · · ·			neation)
ror nirine	er information co	oncerning this matter, please c	all:	
Isaac Lic	chtenstein			Ext 101
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

Accounting for Profitability LLC			
(Name of the Limited Liability (A Florida)	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co	ompany were filed on 5/11/12	and assign	ed
Florida document number L12000064097	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	abbreviation "L.L.C.	
Enter new principal offices address, if applicable:			0_
(Principal office address MUST BE A STREET ADDRE	ESS)	<u> </u>	SES
		Č.	- 물품 - 크린 -
		8	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u> </u>
		<u> </u>	5
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		r the name of	the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Fiorida 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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

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
			
			Remove
			Change
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ote: If the date inserted in this becument's effective date on the I				tiling require	ments, this date	e will not be li	isted a
record specifies a delaye The 90th day after the re	ed effective cord is filed	date, but n	ot an effect	ive time, at	: 12:01 a.m.	on the ear	lier
June/13		2018					
		-0-					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00