418000138023

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Received Faxed corrections from Brandy W. on 5/21/2019 to Change Entity name.

Office Use Only

દ્વ



100326811231

03/27/18--01008--017 ++5

S TALLENT MAY 21 2019 2019 HAY 21 AM 10: 08 SECRETARY OF STATE

Burd



April 8, 2019

BTANDY L WAELTI STRATEGIC ACCOUNTING & CONSULTING, LLC 230 COACHMANS COVE ALTAMONTE SPRINGS, FL 32701

SUBJECT: PROFIT FIRST ACCOUNTING & CONSULTING, LLC

Ref. Number: L18000138023

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P16000059715.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

www.sunbiz.org

DO DOM GOOD WILL DI 11 0004

Letter Number: 919A00007020

TO:

Registration Section

To:

Page: 4 of 7

COVER LETTER

Division of C	Corporations	
Profit Fi	irst Accounting & Consulting, LLC	
30000X 1.	Name of Limited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	Brandy L Waelti	
	Name of Person	
	Strategic Accounting & Consulting	
	Pirm [*] Company	
	230 Coachmans Cove	
	Address	
	Altamonte Springs, Florida 32701	
	City/State and Zip Code brandy@strategicvfo.com	
	E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please call:	
Brandy L Waelti	407 961-0000	
Nan	at () ne of Person Area Code Daytime Telephone Number	
Enclosed is a check for	or the following amount:	
■ \$25,00 Filing Fee	E □ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is en	us &

 ${\bf MAILING~ADDRESS:}$

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Ta:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Profit First Accounting & Consult	-	
(Name of the Lim	ited Liability Company as it now apper (A Florida Lumited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I		5/04/2018 and assigned
lorida document number L18000138023	·	
This amendment is submitted to amend the fol	lowing:	
a. If amending name, enter the new name	of the limited liability company h	ere:
Vaelti Companies, LLC		
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L L C "
Enter new principal offices address, if appli	cable:	2019 SEC F
Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>
		A STATE OF THE PARTY OF THE PAR
		ass – I
Inter new mailing address, if applicable:		Prime TK prome
Mailing address MAY_BE_A_POST_OFFICE	: BOX)	-n: <u>≕</u> -
3. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:	**	n our records, <u>enter the name of the no</u>
	230 Coachmans Cove	
New Registered Office Address:		vulu street address
	Altamonte Springs	, Florida 32703
	Cny	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.

Brandy L Waelti
If Changing Registered Agent, Signature of New Registered Agent

From: Brandy L Waelti	Fax: 14077209708	To:	Fax: (850) 245-6897	Page: 6 of 7	05/21/2019 9:00 AM

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	Membei

<u>Title</u>	Name	Address	Type of Action
			
			Remove
			Change
			🗆 Add
			□ Remove
			□ Change
			
			□ Remove
			Change
			
			🗆 Remove
			Change
		<u> </u>	
			□ Remove
			Change
			Add
			□ Remove
			☐ Change

m: Brandy L		Fax: 1407		To:			Fax: (850) 245-6897		Page: 7 of 7	05/21/2019 9:00 A
19. If am	rending a	iny othe	er antorm	ation, ent	ter change(:	s) here: (Attach additio	nal sheets.	if necessary.)	
		<u> </u>	-					·· · -· ····		
			··· -							
				-						
										
				-						
										
					<u>-</u>		 			
					·					
										.
				•-						
					05/0)	2/2019				
E. Effec	tive date	, if othe	r than th	e date of	filing:				(optional)	ursuant to 605.0207
(If an e	effective dat	te is listed,	, the date m	ust be specif	fic and cannot l	oe prior to c	ate of filing or me	ore than 90 d	ays after filing.) P	ursuant to 605.0207
docu	<u>:</u>	ective da	ea in ans i ite on the	Departmen	not meet the it of State's re	appiicabii scords	statutory tining	requireme	ilis, tilis date wi	ll not be listed as
				,						
TE Alice and		:6:			: d_a_ t t_		- (2.01	Ab
				cord is f		ut not a	n enective ti	me, at 1.	2:01 a.m. or	the earlier of
(0) 111	C John C	iciy tirte	or the re	cold 13 1	neu.					
	May 2				ი 019					
Date	d	_			2019 ——•					
						,	, , ,			
	-				Bra	ndy L	_Waelti			
						— <i>x</i> —		AT 18 ***		
				Signature	e of a member	<u>ดาสเทียดเ</u> วร	ed representative	er a member		
				Signature		or applionza	ed representative	or a meumer		

Page 3 of 3

Filing Fee: \$25.00