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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Profound Name of Limit	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Jon	McFadden	
		Name of Person	
	Prof	ound LLC Firm/Company	
	8102	mahogany Dr	-ive
	Boynton Jon mcfado E-mail address: (1	Beach Fl City/State and Zip Code Her @ profound e to be used for future annual report notifi	33436 xectionce.org
For further information con	cerning this matter, please ca		
Jon McF Name of F	erson	at (412) 525 Area Code Daytime	- 8941 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & 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

Profound	d LLC
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company) 21119 JAN 25 P 12: \$2
The Articles of Organization for this Limited Liability C	Company were filed on and assigned
Florida document number <u>L1800014264</u>	2
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDI	<u>(ESS)</u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
If amanding the registered agent and/or regis	stered office address on our records, enter the name of the new
registered agent and/or the new registered office add	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:
provisions of all statutes relative to the proper and ca accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ed office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

	Authorized Person(s) authorized to m from our records:	anage, enter the title, name, and address of each	person being added
MGR = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Jon Mefadden	\$102 marogany Drive	W Add
		Boynton Beach, Fl 334	<u>Bio</u> □ Remove
			Change
AMBR	Jon McFadden	(same as above)	⊠ Add
		•	DRemove
			Change
AMBR	Charles Catoe	2905 Waterford Lakes	>_ Madd
		Drive #2626	Remove
		Charlotte, NC 28210	🗆 Change
			\ \
			Remove
			🗆 Change
			□ Remove
			Change
			Add
			Remove
			Change

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	1
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	<u> </u>
	
	<u> </u>
fective date, if other than the date of filing:	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	he earlier o
January 2019.	
Signature of a member or authorized representative of a member	
Jon McFadden Typed or printed name of signee	

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Filing Fee: \$25.00