# 118000/42/642

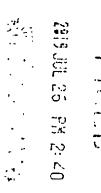
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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# **COVER LETTER**

Division of Corporations
SUBJECT: Profound 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:
Jon McFadden Name of Person
Name of Person
Profound LLC Firm/Company
Firm/Company
8102 Mahogany Drive
, toutet.
Boynton Beach, FL 33436 City/State and Zip Code
Boynton Black, FL 33436 City/State and Zip Code  John Mc Fadden @ Outlook.com  JE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jon McFaddlen at (412) 525 - 8941  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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 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 Florida document number	and	d assign	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
Lumen Investments and Trust 1		,	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a	ibbreviatio	on "L.L.C.	••
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)	12 cr	4113	
<del> </del>		يتي سي	# 1 1
B. If amending the registered agent and/or registered office address on our records, enter	the na	ime.of	the new
registered agent and/or the new registered office address here:	Ĺ	-0 -2	
	٠- ,	<b>~</b> >	1
Name of New Registered Agent:	10	1,5	
New Registered Office Address:	9.5	0	
Enter Florida street address			
City	Zip C	.ode	
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>	Name	<u>Address</u>	Type of Action
AMBR	Charles Catoe	2905 Waterford Lake	S 🗆 Add
		Drive #2626	<b>y</b> Remove
		Charlotte, NC 28211	☐ Change
mgir	Sharisse Jimenez	4200 Community Dr.	<b>∑</b> Add
		Apt 1012	☐ Remove
		Westfalm Beach, FL 35	2401 ☐ Change
-			
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(If an et Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	July 2019
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00