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## **COVER LETTER**

то:	Registration Se Division of Cor			
CUBIE	LYAM B20			
SUBJE	CT:		ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		YOVANNY LEAL		
			Name of Person	
			Firm/Company	
		835 GRANDIN ST		
			Address	
		DAVENPORT / FL / 3383	7	
		proflipinvestors@gmail.cor	City/State and Zip Code n	
		E-mail address: (	to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please c	all:	
YOVA	NNY LEAL		786 7098890 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>■</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 7	Street Address: Registration Second Division of Corporate of Tallahassee, FL	oorations allahassee : Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LYAM B2C LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)	·
The Articles of Organization for this Limited L	iability Company	were filed on JULY/27/20	018	_ and assigned
Florida document number L18000180562	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
PROFLIP INVESTORS LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		835 GRANDIN ST		
(Principal office address MUST BE A STREET ADDRESS)		DAVENPORT FL 3383		
			<u> </u>	702
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		835 GRANDIN ST	ORE TO	F DZ4 HAY
		DAVENPORT FL 33837		
			LON CON	₹ [Li
			E SA	ٽ <u>۾</u>
B. If amending the registered agent and/or ragent and/or ragent and/or the new registered office address		address on our records,	enter the name o	the new register
gent and of the new registered office address	<u> </u>			
Name of New Registered Agent:	LEJANDRO LEAL SAENZ	2		
New Registered Office Address: 835 GRANDII		IST -		
		Enter Florida street	address	
	DAVENPORT		_, Florida <sup>33837</sup>	
	·	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, 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
			\ \_Add
			Remove
			Change
			□Add
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ective date, if other than the da effective date is listed, the date must be	specific and cannot be prior t	o date of filing or more than	90 days after filing.) Pursuan	t to 605.0207
te: If the date inserted in this block tument's effective date on the Depa	does not meet the applica	ble statutory filing requi	rements, this date will not	be listed as
·				
	ite, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The 90th da	ay after the
s filed.	2024			
s filed.	, 2024	-· 1		
ecord specifies a delayed effective dans filed.  MAY, 5TH				