

L19000171252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

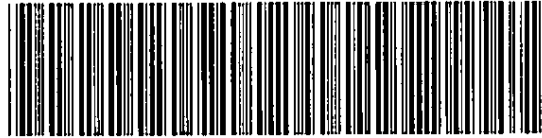
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J. HORNE
SEP 19 2025

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2025 SEP 18 PM 3:12

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

2025 SEP 18 PM 3:27
SECRET FILED
DIVISION OF CORPORATIONS

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ASSETPROFILE GROUP, 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:

GUILLERMO D JALIL

Name of Person

ASSETPROFILE GROUP, LLC

Firm/Company

5401 S. Kirkman Road, Suite 310

Address

Orlando FL 32819

City/State and Zip Code

assetprofile@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GuillermoDjalil

484 599-1070

at ()

Name of Person

Area Code

Daytime 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ASSETPROFILE GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2025 SEP 18 PM 3:29
99

The Articles of Organization for this Limited Liability Company were filed on 07/09/2019 and assigned
Florida document number L19000177252.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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 applicable:

5401 S. Kirkman Road, Suite 310

(Principal office address MUST BE A STREET ADDRESS)

Orlando FL 32819

Enter new mailing address, if applicable:

5401 S. Kirkman Road, Suite 310

(Mailing address MAY BE A POST OFFICE BOX)

Orlando FL 32819

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	GUILLERMO D JALIL	5401 S. KIRKMAN ROAD, SUITE 310	<input type="checkbox"/> Add
		ORLANDO FL 32819	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GUILLERMO D JALIL	5401 S. KIRKMAN ROAD, SUITE 310	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32819	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 17, 2025

Signature of a member or authorized representative of a member

GUILLERMO D JALIL

Typed or printed name of signee

Filing Fee: \$25.00