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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:





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12/16/20

. . . COVER LETTER

TO: Registration So Division of Cor			•
Profix, LLC	3		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sandra Torres		
		Name of Person	
	CPA Tax Solutions, LLC		
		Firm/Company	
	500 NW 6th Street		
		Address	
	Okeechobee, FL 34972		
	sandra@cpataxsolutions.net	City/State and Zip Code to be used for future annual repo	rt notification)
For further information c	oncerning this matter, please ca	all:	
Sandra Torres		863 357-10	99
Name o	f Person	at () Area Code E	Paytime Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Addre	
Registration Section Division of Corporations		Registratio Division of	n Section Corporations
P.O. Box 6327			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Profix, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	i <mark>ny as it now appears on our records.)</mark> Liability Company)	
The Articles of Organization for this Limited I	Liability Company	were filed on January 30, 2020	and assigned
Florida document number L20000036881			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liah	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli		728 Ave D	
(Principal office address MUST BE A STREET ADDRESS)		Moore Haven, FL 33471	2
			920 N OV
			TOV
Enter new mailing address, if applicable:		728 Ave D	· 5 F
(Mailing address MAY BE A POST OFFICE BOX)		Moore Haven, FL 33471	<u>, , , , , , , , , , , , , , , , , , , </u>
			.i.2
 If amending the registered agent and/or igent and/or the new registered office addre 	registered office : ess here:	address on our records, enter th	e name of the new regist
Name of New Registered Agent:	Adela Mendoza	·	
New Registered Office Address:	728 Ave D		
_ _		Enter Florida street address	
	Moore Haven		ida <u>33471 </u>
		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
MGR Froyli	Froylan Pedro Jose	P.O. Box 261	🗆 Add
		Moore Haven, FL 33471	≣Remove
			Change
AMBR	Adela Mendoza	728 Ave D	
		Moore Haven, FL 33471	2020 Remove
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Filing Fee: \$25.00