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(Re	questor's Name)	
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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
Virtual Mat	tters, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jill DiSalvo			
		Name of Person		
	DiSalvo & Associates, PL	LC		
		Firm/Company		
	1760 N. Jog Road. Ste 150)		22
		Address		AUG
	West Palm Beach, FL 334	11		22 AUG 30 NM 10: 35
		City/State and Zip Code		A.
	jdisalvo@d-acpa.com			
	E-mail address: (to be used for future annual report no	otification)	S.
For further information c	oncerning this matter, please c	all:		
Jill DiSalvo		561 659-1177		
Name o	f Person	Area Code Dayu	me Telephone Number	_
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of \$ Certified Copy (additional copy is	Status &
Mailing Address Registration S		Street Address: Registration S	Section	
Division of Corporations		Division of Co	•	
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Mont	Tallahassee oe Street, Suite 810	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Virtual Matters, 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 January 20, 2021 and assigned Florida document number $\frac{1.12000039743}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Predictable Profit, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) 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

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.

City

___, Florida ___

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Jacquelyn Marie Denewitt	504 Brookwood Drive	
		Alexandria, KY 41001	
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ective date, if other than the date of fil	lina:	4	optional)	
effective date is listed, the date must be specific	and cannot be prior to date of	f tiling or more than 90 days	after tiling.) Pursuant to 6	
(e) If the date inserted in this block does no ument's effective date on the Department of		lutory filing requirements	, this date will not be i	isted a
cord specifies a delayed effective date, but r s filed.		2:01 a.m. on the earlier of	of: (b) The 90th day at	fter the
August 24th Hallie Signature of	2022			
Hallie	Agostinelli			
Hallie	Ugostinelli	presentative of a member		

Typed or printed name of signee