6/19/24, 1:39 FM

Division of Corporations

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Division of Corporations

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From:

Account Name : AT PLUS CORP Account Number : 120140000060 : (305)406-3800 Fax Number : (305)406-3999

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN:

PROFESIONALES 10, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT

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		ARTICLES	OF ORGANIZA	ATION 💌	•	
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	PROFESIONA	ALES 10 LLC		•	<b>1</b> -	
		(Name of the Limited Liability (A Florida 1	Company as it now app	ears on our records.)		
FJ	14.					
The A	articles of Organization	for this Limited Liability Co	mpany were filed on	01/20/2021	and assign	ned
 Florid	la document number _	_21000040590				
			_			
This a	imendment is submitte	ed to amend the following:				
Δ If	amending name, ent	er the new name of the limit	ed liability company	he <u>re</u> :		
JE EL	antending many <u>en-</u>					
The se	ny nama must be distinguis	shable and contain the words "Limit	ted Liability Company," th	he designation "LLC" or	the abbreviation "L.L.	C."
				<b>U</b>		
Enter	r new principal office	s address, if applicable:				
(Prin	cipal office address M	<u>IUST BE A STREET ADDRI</u>	ESS)			
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D 1	f amonding the regist	ered agent and/or registered	l office address on ou	ar records, enter the	name of the new	registere
agen	t and/or the new regi	istered office address here:			~ .	3
	<del></del>				<u> </u>	_
	Name of New Re	gistered Agent:			<u> </u>	<del></del>
						American American
	New Registered	Office Address:	Enter	r Florida street address	3.5	<u>.</u>
·.·				· · · · · ·	、清沙 畫	; • ; []
			City	, Flori	da Zip Code	<u> </u>
		. If I . Dealer-	ŕ			:
		gnature, if changing Registere				, (D)
Ihe	reby accept the appo	intment as registered agent	and agree to act in t	this capacity. I furth	ier agree to compi Lam familiar with	ty with the hand
pro	visions of all statutes	relative to the proper and c my position as registered a	complete perjormano	:e oj my aaues, ana · in Chanter 605. F.:	S. Or, if this docu	ment is
acci beir	ept me omigations of no filed to merely refi	lect a change in the registered a	ed office address, I h	nereby confirm that	the limited liabilit	ty
con	pany has been notifi	ed 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
AMBR	LUZ E GONZALEZ ARCILA	451 SW 92ND PASSAGE	□Add
·	e e	MIAMI FL 33174	\begin{align*}
			Change
AMBR	MARGARITA M GUTIERREZ G	451 SW 92ND PASSAGE	□Add
	-11	MIAMI FL 33174	= Remove
-			☐ Change
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<u>ote:</u> I	ctive date is listed, the date must f the date inserted in this blo- nt's effective date on the Dej	ck does not meet	the applicabl	date of filing or me e statutory filing	ore than 90 days after grequirements, th	er filing.) Pursuant t is date will not b	o 605.020 e listed e
record is file	specifies a delayed effective d.	date, but not an	effective time	, at 12:01 a.m. c	on the earlier of: (	b) The 90th day	after the
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	MARTHALO	iou-					
		ignature of a men	iber or authoriz	ed representative	of a member		_

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