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(Requestor's Name)
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COVER LETTER

	istration Sec ision of Corp			
SUBJECT:		NERAL LLC		
SUBJECT.		Name of Limi	ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filling.	
Please return	all correspor	ndence concerning this matter	to the following:	
		SZILVIA BORDAS		
			Name of Person	
		PROFITGENERAL LLC		
			Firm/Company	
		2598 E SUNRISE BLVD.	STE 2104	
			Address	
		FORT LAUDERDALE, F	L 33304-3230	
			City/State and Zip Code	
		szilvi1976@me.com		
For further in	nformation co	E-mail address (i oncerning this matter, please ca	to be used for future annual report notif all:	fication)
SZILVIA BO	ORDAS		775 572-8254 at ()	
	Name of	Person		e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	 \$55.00 Filling 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

FILED

2022 JUN 17 AM ID: 49

(Name of the Limited Liability Company as it now appears on our records) ALLAHASSEE, FI

The Articles of Organization for this Limited Liability Company were filed on 09/30/2021 and assigned

Florida document number L21000430185

This amendment is submitted to amend the following:

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

NONE APPLICABLE

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:

(Principal office address MUST BE A STREET ADDRESS)

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

Name of New Registered Agent:	NONE APPLICABLE	
New Registered Office Address:	Enter Florida street a	uldress
		Florida

New Registered Agent's Signature, if changing Registered Agent:

PROFITGENERAL LLC

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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.

2598 E SUNRISE BLVD, STE 2104

FORT LAUDERDALE, FL 33304-3230

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>	Name	<u>Address</u>	Type of Action
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NONE APPLICABLE							
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<u>ete:</u> If the date inserted in this bloc	k does not me	eet the applic	able statutory	g or more man y filing requi	rements, this	nng.) rursuant date will not	be listed as
cument's effective date on the Dep	artment of St	ate's records.					
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ecord specifies a delayed effective is filed.	date, but not a	ш епесиче п	me, at 12:01	a.m. on the	earlier of: (b)	The 90th da	iy after the
JUNE 03 ted	,	2022	·				
		Reta Borda					
S	ignature of a m	ember or autho	orized represer	ntative of a me	mber		

Filing Fee: \$25.00