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A. RIVERS
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COVER LETTER

TO:	Registration S Division of Co					
		rofit Cooker LLC	,			
SUBJE			nited Liability Company			
The enc	losed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn all corresp	ondence concerning this matter	to the following:			
		Jenny Countz				
			Name of Person			
		ZenBusiness Inc.				
			Firm/Company			
	5511 Parkerest Drive, Suite 103					
		Address				
Austin, TX 78731						
			City/State and Zip Code			
		fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification)				
				ication)		
For furth	ter information (concerning this matter, please c	ail:			
Jenny C	Countz		844 493-6249			
Name of Person		of Person	at () Area Code Daytime	Telephone Number		
Enclosed	d is a check for t	he following amount:				
≡ \$ 25	.00 Filing Fee	口 \$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			<u>Street Address:</u> Registration Sec	tion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Virtural Profit Cooker 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 11/30/2021 and assigned Florida document number 1.21000508170 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Virtual Profit Cooker LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C. 2430 Vanderbilt Beach Rd Enter new principal offices address, if applicable: Suite 108-589 (Principal office address MUST BE A STREET ADDRESS) Naples, FL 34109 2430 Vanderbilt Beach Rd Enter new mailing address, if applicable: Suite 108-589 (Mailing address MAY BE A POST OFFICE BOX) Naples, FL 34109 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 Amply 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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