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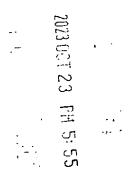
(Requestor's Name	e)
(Address)	
(\da. 233)	
(Address)	
(City/State/Zip/Pho	ne #)
PICK-UP WAIT	MAIL
	
(Business Entity Na	ame)
(Document Numbe	r)
Contified Copies Contificat	as of Status
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Special Instructions to Filing Officer:	·
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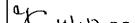
Office Use Only



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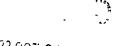
COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	EK2 Profes	TIES LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Michl</u>	Name of Person	KARIM
		Firm/Company	
	4100 S	W 194th TE	REACE
		FC 33029	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
PIERRES	SALIBA	at (<u>305)</u> 6/3 Area Code Daytime	- 3067
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
置 \$25.00 Filing Fee	☐ \$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
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



, OF	2023 CCT 23 PH 5: 55
(Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 429 Florida document number 22000176988	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation " Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ELC" or the abbreviation "L.E.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, en agent and/or the new registered office address here:	ter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street ad	ddress
City	. Florida

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 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
 AMRR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
HGR	CHRISTEL TERRIN	4100 SW 1944 TERR	🔀 Add
		HIRAHIAR FL 33029	□Remove
			Change
		□Add	
			□Remove
			□Change
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Note:	tive date, if other than the date of filing:
record is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the fied.
Dated	10/15/2023
	Medelle -
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00