L22000451851

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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	nagement Agency, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Adam Kenner		
		Name of Person	
	Kenner + Imparato, PLLC		
		Firm/Company	<u> </u>
	175 SW 7th St., Suite 2410)	
	-	Address	
	Miami, FL 33130		
		City/State and Zip Code	
	adam@ki-law.com		<u></u>
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	dification)
Justin Waxman		305 384-7370	
	f Person	at ()	me Telephone Number
(vaine o	reison	Area Code Dayn	me receptione Number
Enclosed is a check for the	he following amount:		
■ \$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		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	rl 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2527 23 12727

Profile Management Agency, 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 Florida document number L22000456951	were filed on 10/24/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	175 SW 7th St., Suite 2410
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33130
Enter new mailing address, if applicable:	175 SW 7th St., Suite 2410
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33130
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered
Navy Bourishand Office Address	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

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
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
·	·		□ Remove
			Change
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ffective date, if other than the	e date of filing:			(optional)	
ffective date, if other than the an effective date is listed, the date mu lote: If the date inserted in this b	st be specific and canno	t be prior to date of fil	ing or more than 90	days after filing.) P	ursuant to 605.020
ocument's effective date on the D			ny ming require	nenis, this date wi	n not be fisted a
record specifies a delayed effective is filed.	ve date, but not an eff	fective time, at 12:0	l a.m. on the ear	lier of: (b) The S	00th day after th
July 12		4		71	
/atcu	,	<u> </u>	M		
				-	
	Signature of a membe				

Filing Fee: \$25.00