## 123000519191

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## **COVER LETTER**

	Registration Sec Division of Corp				
SUBJEC	Profit Pro L	LC			
SUBJEC	Name of Limited Liability Company				
The enclo	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Jason Petro			
			Name of Person		
		Profit Pro LLC			
			Firm/Company		
1333 Gateway Drive, Suite 1021					
		-	Address		
		Melbourne, FL 32901			
		City/State and Zip Code			
		jason@profitproapp.com			
			to be used for future annual report no	inication)	
For further	er information c	oncerning this matter, please c	all:		
Jason Pe	tro		321 480-8008 at ()		
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed	is a check for th	ne following amount:			
≣ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres		Street Address:		
Registration Section Division of Corporations			Registration S		
		orporations	Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314

\* 1

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Profit Pro LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) .imited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Con Florida document number 1.23000519191	ompany were filed on 11/16/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
ACH Ventures LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		. 2
		023
Enter new mailing address, if applicable:		<b>E 1</b>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		- ज्
		w End
B. If amending the registered agent and/or registered	office address on our records, enter th	
agent and/or the new registered office address here:		2
Name of New Registered Agent:		
New Registered Office Address:		
Registered Stiller Hadiess.	Enter Florida street address	
	. Flori	ida
	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 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>	<u>Address</u>	Type of Action
	<u></u>		□ Add
			□Remove
			□Change
			\Add
			□Remove
			\ \_Add
			□Remove
		<del></del>	□Change
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			Remove
			Change
			□ Add
			□Remove
			□Change

## Page 2 of 3

D. If amending any other informat	ion, enter change(s) here: (Attach additional sheets, if i	necessary.)
<del></del>		
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		<del></del>
		<del>_</del>
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E. Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filing:	optional) after filing.) Pursuant to 605.0207 (3) this date will not be listed as the
the record specifies a delayed  b) The 90th day after the reco	effective date, but not an effective time, at 12:0 rd is filed.	)1 a.m. on the earlier of:
DatedDecember 12	2023	
N Q1		
	Signature of a member or authorized representative of a member	
Jason Petro		
<del></del> -	Typed or printed name of signee	

Filing Fee: \$25.00