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COVER LETTER

TO: Registration Se Division of Cor			
	fix Team LLC		
SUBJECT:	nited Liability Company	_ _	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspo	endence concerning this matter	to the following:	
	Yamileth Solorzano		
		Name of Person	
	Miami Profix Team LLC		
		Firm/Company	
	209 NW 109th Ave. Apt 4	106	
		Address	
	Miami, FL 33172		_
		City/State and Zip Code	2021
	E-mail address: ((to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	:
Yamileth Solorzano		305 303-8281	umber CIE
Name o	f Person	Area Code Daytime Telephone N	umber C
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	.00 Filing Fee, tificate of Status & tified Copy litional copy is enclosed)
Mailing Addres		Street Address: Registration Section	
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 632	•	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Su	ite 81 0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miami Profix Team 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 01/092024and assigned Florida document number <u>£.24000022451</u> 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 "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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, enter the name of the new registered agent and/or the new registered office address here: Yamileth Solorzano Name of New Registered Agent: 209 NW 109th Ave Apt 406 New Registered Office 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 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.

Cirv

Miami

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida _____33172

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
AMBR	Jamileth Solorzano	209 NW 109th Apt 406	⊡Add
		Miami, FL 33172	\exists Remove
AMBR	Yamileth Solorzano	209 NW 109th Apt 406	≅Add
		Miami, FL 33172	
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			□Remove
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