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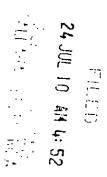
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PICK-UP WAIT MAIL
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COVER LETTER

PRECISION SUBJECT:	PROFIT CONSULTANTS	LLC	
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	MARIA A LEONARDO		
		Name of Person	
	ACCUTAX ADVISORY O	CORP	
	-	Firm/Company	···-
	11098 BISCAYNE BLVI	O SUITE 206	
		Address	
	MIAMI FL 33161		
		City/State and Zip Code	
	maria@mycpaea.com	to be used for future annual report not	itication)
For further information cor	ncerning this matter, please co		
	_		
MARIA A LEONARDO		305 332-3211 at () Area Code Daytin	
Name of 1	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	S30.00 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:	: _	Street Address:	

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

(Name of the Limited Liability Company as it ποw ap (A Florida Limited Liability Compa	ocars on our records.) y)
The Articles of Organization for this Limited Liability Company were filed or Florida document number $\frac{L24000140278}{L}$.	03/21/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	here:
The new name must be distinguishable and contain the words "Limited Liability Company,"	he designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	5
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Enter new mailing address, if applicable:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
(Mailing address MAY BE A POST OFFICE BOX)	7-10
B. If amending the registered agent and/or registered office address on o	r records, enter the name of the new regis
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Ене	Florida street address
	, Florida
City	Zıp 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>	Name	<u>Address</u>	Type of Action
MGR	ML Consulting Services LLC	11098 Biscayne Blvd Suite 206 Miami FL 33161	□ Add
			■Remove
			□Change
MGR	MARIA A LEONARDO	11098 Biscayne Blvd Suite 206 Miami FL 33161	= Add
			Петоче
			□Change
			□ Add
			□Remove
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			□A₫d
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Filing Fee: \$25.00