124000344131

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Registration Section

TO:

Division of Corporations						
SUBJECT: Profit Partners, LLC Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
DAYMON Medina Name of Person DAL PARTNERS, LLC Firm/Company						
2328 Spring Hollow Loop						
Wesly Chapel, FL 33544 City/State and Zip Code Line Line 2552 Dout Look. com E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Day Mon Medina at (813) 205-0288 Name of Person at (813) Daytime Telephone Number						
Enclosed is a check for the following amount:						
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, 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

(Name of the Limited Liability (A Florida	PACTNERS, LLC TY Company as it now appears on our records.) Limited Liability Company)	 -		
The Articles of Organization for this Limited Liability Co Florida document number 24000 344131	ompany were filed on $\frac{8/05/2024}{}$.	and as	signed	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit DML Partners, L The new name must be distinguishable and contain the words "Limit		horvistica "I	1.6"	
Enter new principal offices address, if applicable:	or the abi	dieviation (
(Principal office address MUST BE A STREET ADDR	ESS)		7 021	
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Enter new mailing address, if applicable:		JA 1723		- 4 . 4 . 4 . 4 . 4 . 4 . 4 . 4 . 4 . 4
(Mailing address MAY BE A POST OFFICE BOX)			_ 	_ <u></u>
				_
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name</u>	of the ne	w regist	<u>iered</u>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
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.

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fective date, if other than effective date is listed, the cote: If the date inserted in ocument's effective date or	date must be specific I this block does no	and cannot be at meet the a	prior to date of pplicable stat	filing or more	opti han 90 days after quirements, thi	tiling) Pursuant to	o 605.02 : listed
record specifies a delayed of is filed.	effective date, but i	not an effect	ive time, at 1.	2:01 a.m. on t	ne earlier of: (b) The 90th day	after th
ated Auros	t 30	_, 202	<u>f</u> .				
3		,					

Filing Fee: \$25.00

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

Title	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			Remove
			
			□Remove
			□Change
			□Add
			□ Remove
			□Change
-			
			□Remove
			□Change
			□ Add
			□Remove
			□Change