

N98 000003942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

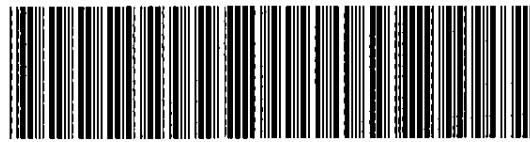
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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11724/10--01027--004 ***35.00

Amend

FILED
10 DEC -9 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2010

FRANK OBREGON
PROFIT, INC
10661 N KENDALL DR STE 206-B
MIAMI, FL 33176

SUBJECT: PROFIT, INC.
Ref. Number: N98000003942

We have received your document for PROFIT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 710A00028022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Profit, Inc.

DOCUMENT NUMBER: N98000003942

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank Obregon

(Name of Contact Person)

Profit, Inc.

(Firm/ Company)

10331 SW 51 Street

(Address)

Miami, FL 33165

(City/ State and Zip Code)

fobregon@mailtrs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Obregon

(Name of Contact Person)

at (305) 710-7345

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Articles of Amendment
to
Articles of Incorporation
of
Profit, Inc.**

FILED
10 DEC -9 PM 1:31
SECRET

(Name of Corporation as currently filed with the Florida Dept. of State) *DEPARTMENT OF STATE
TENNESSEE, FLORIDA*

N98000003942

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." **Company** or **Co.** may not be used in the name.

B. Enter new principal office address, if applicable:

N/A

(Principal office address *MUST BE A STREET ADDRESS*)

C. Enter new mailing address, if applicable:

(Mailing address *MAY BE A POST OFFICE BOX*)

NA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

NA

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

21

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PR	Dr. Joseph Briggle <i>Keep / Change title From D to PR.</i>	368 Sevilla Ave Coral Gables, FL 33134	<input type="checkbox"/> Add <input type="checkbox"/> Remove <i>Keep.</i>
D	Jerry Lance	248 NE 59 Street Miami, FL 33137	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	Donnie Burke	3880 N 28 Terrace Hollywood, FL 33020	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	Joseph Llanes	10301 S. Dixie Hwy Ste 300 Pinecrest, FL 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	Mike Sutta	19230 SW 93 Road Miami, FL 33157	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	William "Bill" Ryan	17643 SW 85 Avenue Miami, FL 33157	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	Kemp Mobley	419 W 49 Street # 111 Hialeah, FL 33012	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	Robert L. Beans	3029 SW 28 Street Miami, FL 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	Louis DeSouza	11220 SW 88 Street Miami, FL 33176	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	Robert L. Kemper	8603 S. Dixie Hwy Ste 310 Pinecrest, FL 33143	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 10/7/2010
(date of adoption is required)
Effective date if applicable: N/A
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 12/06/2010

Signature R. Joseph W. Briggle
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Dr. Joseph Briggle
(Typed or printed name of person signing)

Director
(Title of person signing)