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Office Use Only



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SECRETARY OF STATE

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C. LEWIS

APR 2 4 2014

EXAMINER

#### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Organizational Management, Inc.
DOCUMENT NUMBER: FO300001110
The enclosed Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joe 1 Tweeten Name of Contact Person
Dignizational Management Inc
1315 fifth Street South
Hopkins MN 55343 City/State and Zip Code
City/State and Zip Code  Able, Management Dyahoo.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Toel Tweeten at (952) 939-4100  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$35.00 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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

### SECTION I (1-3 MUST BE COMPLETED)

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(Document number of corpo	ration (if known)
1. Organizational Mana (Name of corporation as it appears on the rec	egrds of the Department of State)
2. Montana (Incorporated under laws of)	3. /0/12/2007 (Date authorized to do business in Florida)
SECTION (4-7 COMPLETE ONLY THE API	
4. If the amendment changes the name of the corporation, wher	n was the change effected under the laws of
its jurisdiction of incorporation? April 7, 20	<u>014</u>
5. Prosperity Professionals (Name of corporation after the amendment, adding suffix "co	, Inc.
appropriate abbreviation, if not contained in new name of the	he corporation)
(If new name is unavailable in Florida, enter alternate corpora business in Florida)	ate name adopted for the purpose of transacting
6. If the amendment changes the period of duration, indicate ne	ew period of duration.
(New duration	n)
7. If the amendment changes the jurisdiction of incorporation, i	indicate new jurisdiction.
(New jurisdicti	on)
8. Attached is a certificate or document of similar import, evide 90 days prior to delivery of the application to the Departmen having custody of corporate records in the jurisdiction under	encing the amendment, authenticated not more than it of State, by the Secretary of State or other official the laws of which it is incorporated.
(Signature of a director, president or other officer - if in the hand	s 
of a receiver or other court appointed fiduciary, by that fiduciary  Joel Theeter	" CFO
(Typed or printed name of person signing)	(Title of person signing)

## SECRETARY OF STATE Linda McCulloch -- State of Montana



Montana State Capitol PO Box 202801 Helena, MT 59620-2801

ORGANIZATIONAL MANAGEMENT INC 131 5 FIFTH STREET SOUTH #200 HOPKINS MN 55343

#### **CERTIFICATE OF FILING**

I, LINDA McCULLOCH, Secretary of State of the State of Montana, do hereby certify that

OLD NAME: ORGANIZATIONAL MANAGEMENT, INC. NEW NAME: PROSPERITY PROFESSIONALS, INC.

filed its ARTICLES OF AMENDMENT in this office and has fulfilled the applicable requirements set forth in law. By virtue of the authority vested in the office, I hereby issue this certificate evidencing filing effective on the date shown below. I wish you the best of luck with all your future endeavors as part of the Montana business community.

Certified File Number: D107213-1529442

Dated: April 7, 2014

Effective Date: April 7, 2014

Linda McCulloch Secretary of State

Ande Mc Cullack



