L06000038027

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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON
DEC 2 3 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BUMA Pincs Recovery Community, 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:
Todd JAblonski (Name of Person)
(Firm/Company)
137 RAdel: Fle Ct. (Address)
Tup; for, Fl. 33458 (City/State and Zip Code)
For further information concerning this matter, please call:
Todd JAblonski at (561) 301 - 2096 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Cadditional copy is enclosed}\$\$ Certified Copy (additional copy is enclosed)\$\$ Cert

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Conf	pany as it now appears on d Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Compa Florida document number <u>L0600038027</u> .	• • • • • • • • • • • • • • • • • • • •	111/2006	and as	ssigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company here:				
Prosperity PAlms, LL The new name must be distinguishable and end with the words "Li	imited Liability Company,"	the designation "LLC"	' or the	abbreviation	
"L.L.C." Enter new principal offices address, if applicable:			08	SEAID	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		DEC	92 22 22 23 24 24 24 24 24 24 24 24 24 24 24 24 24	
			22 PH	F CORFOR	
Enter new mailing address, if applicable:			2:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			~	<u> </u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter the	name	of the nev	
Name of New Registered Agent:					
New Registered Office Address:	(Enter	Florida street addres	 s)	····	
		. Florida			
- California - Cal	(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 608, 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 Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

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nenc	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	Ren	nove
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	-18-2008		22	FILED ETARY OF STATE FOR CORPORATIONS
12	-18-2008 -50dd Jellon	r or authorized representative of a member	22	FILED ETARY OF SIATE FOR CORPORATIONS

Page 2 of 2

Filing Fee: \$25.00