## L11000012123

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

Division of Corp			
SUBJECT: Prosp	erity Lane LL	C	
SUBJECT:		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Kim Marie R	oach	
		Name of Person	
	Prosperity L	ane LLC	
		Firm/Company	
	2101 Vista F	Parkway Suite 22	27
		Address	
	West Palm B	Beach, FL 33411	
		City/State and Zip Code	
	kimmiero@hotma	AII.COM to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	Ila	
Maxine Kirs	sch	<sub>at (</sub> 561 <sub>)</sub> 969-2	119
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 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: 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

FILED

2014 MAR TO PM 1: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Prosperity Lane LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000012123</u> .	were filed on 01/28/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "L1.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2101 Vista Parkway Ste 227
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, Fl 33411
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605. F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member **Address Type of Action Title** Name 2101 Vista Parkway Ste 227 Kim Marie Roach MGR West Palm Beach, FI 33411 Remove Maxine Kirsch 9746 Mantova Drive MGR □ Add Lake Worth, FI 33467 Remove Maxine Kirsch 9746 Mantova Dr S ☐ Add Lake Worth, FI 33467 Remove □ Remove

it amending any other information, enter	r change(s) here: (Anach daamondi sheets, ij necessary.)
Effective date, if other than the date of file (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Department).	o date of receipt or filed date and cannot be more than 90 days after
Dated March 6th	
	Law loss
Kim Marie Roach	of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

