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# **COVER LETTER**

Division of	Corporations				
US PRO	OSPERITY REGIONAL CENTER	R, LLC			
SUBJECT:	Name of Liu	nited Liability Company			
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	espondence concerning this matter	to the following:			
	Grace He				
		Name of Person			
	US Prosperity Holdings, L	LC			
		Firm/Company			
	375 North University Driv	e			
		Address		_	
	Plantation, FL 33324			15 to	
		City/State and Zip Code			T
	heqianfeit@yahoo.com			70 85 38 50	1
	h-mail address: (	to be used for future annual report notif	ication)	- [	(TE) GE
For further information	on concerning this matter, please e	all:		- III	
Grace He		954 829-3513		第 2	I
Nar	ne of Person	at () Area Code Daytime	Telephone Numbe	er	
Enclosed is a check f	or the following amount:				
		T 455 AN 1911 10 8.	F1 \$40.00 P	******* <b>*</b> ***	
■ \$25.00 Filing Fee	© \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	Certifie	ate of Status &	

## MAHLING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallabassee, 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

US PROSPERITY REGIONAL CENTER, LL		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our r limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on MARCH 22	2011 and assigned
Florida document number LF1000034666		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
PROSPERITY REGIONAL CENTER, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		<b>音符</b>
		10000000000000000000000000000000000000
Enter new mailing address, if applicable:		
		(1)
(Mailing address MAY BE A POST OFFICE BOX)	***************************************	2 44 1
5 In 19 19 19 19 19 19 19 19 19 19 19 19 19		2 <u>2 2</u>
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		cords, <u>enter the name of the ne</u>
registered agent and/or the new registered office addre	SS HETC.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street e	uddress
	4400	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.

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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effective date is listed, the date  1f the date inserted in thi iment's effective date on th	must be specific an s block does not t	d cannot be prior to meet the applical		nore than 90 days a	fter filing.) Purs		
ecord specifies a dela- ne 90th day after the r			an effective	time, at 12:0	l a.m. on t	he ea	rlier of
d Dec 29 to	<b>)</b>	2015	·				
			1				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00