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J. BRYAN

MAY 23 2011

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: Prof	sperity Comm	unity Partners ited Liability Company	, UC
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Joseph	La Rosa Name of Person	
		Firm/Company	- SECRE TI
	1420 Celebr	ration Blud. Ste. 1 Address	120 MIII: 52 HASSEE, FLORID
	Celebration	Eity/State and Zip Code	STATE STATE
	je a lacos E-mail address: (to be used for future annual report notifica	tion)
For further information	n concerning this matter, please c	eall:	
De la Ran	DSQ e of Person	at (<u>30) 939-35</u> Area Code & Daytime 1)48 elephone Number
Enclosed is a check for	r the 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

Prosperty Conc (Name of the Limited Liab (A Flori	nunity Partners on ida Limited Liability Company)	our records,)	
The Articles of Organization for this Limited Liability	ty Company were filed on <u>니ー</u>	25-11 and assigned	
Florida document number <u>LIIOCOD 48</u>	479	强之一	
This amendment is submitted to amend the following	g:	TALLARY OF STA	
A. If amending name, enter the new name of the	limited liability company here:	F. P.S	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"		
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			
		-	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the new	
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 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

MGRM = Managing Member **Title** <u>Name</u> Address Type of Action MGRM Michael Faldbiani ☐ Remove Remove Add Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00