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SECRETARY OF STATE
VALLAHASSEE, FI ORIGA

J. SAULSBERRY EXAMINER JUN **29** 2012

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Prosperal Investor Name of Limited I	Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted. Please return all correspondence concerning this matter to the submitted of the		
Troube rotati un correspondence concerning una manor to u	ne tonowing.	
Mitch For	Name of Person	
Fogel Law	Group Firm/Company	
2500 N. M	Address TRAIL	
	ity/State and Zip Code Orborous Articles Eused for future annual report notification)	
For further information concerning this matter, please call:	V25 VASSEE	
Mitch Fogel Name of Person	at (56) 393 - 911 Area Code & Daytime Telephone Number RDF 04	- P
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status}	\$55.00 Filing Fee & \$60.00 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

PROSPEROUS INVESTMENT TEAM, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Honge	a Emined Elabinty Company)			
The Articles of Organization for this Limited Liability				
Florida document number <u>L 1 200 00 784</u>	<u>17</u>			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the li</u>	nited liability company here:			
	P/A			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADL				
	SSE 25			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office ad	stered office address on our records, enter the name of the new dress here:			
Name of New Registered Agent:	N/A			
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 = Man MGRM = M	ager anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Josephine Tribunella	20652 NW 27th ave. Boxa Roton, FL 33434	Add √ Remove
WPEW.	Rafael Rodriguez	5340 NW 2nd Are 323 Bora Raton, FL 33487	Add Remove
<u>MGRM</u>	Josephine Tribunella	20652 NW 27th ave. Buca Raton, FL 33434	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change(んん	(s) here: (Attach additional sheets, if necessary.)	·
			TALLAHASSEE. FI CAIL
Dated	Signature of a member of	or authorized representative of a member	
	, Typed o	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00