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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
JUN 29 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prosperous Investment Team, 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:

Mitch Fogel
Name of Person

Fogel Law Group
Firm/Company

2500 N. MILITARY TRAIL
Address

Boca RATON, FL 33431
City/State and Zip Code

josephine3@belsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitch Fogel at (561) 393-9111
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for 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

PROSPEROUS INVESTMENT TEAM, LLC

2/A

2/A

Page 1 of 2

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Josephine Tribunella	20652 NW 27 th ave. Boca Raton, FL 33434	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Rafael Rodriguez	5340 NW 2nd Ave # 323 Boca Raton, FL 33487	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Josephine Tribunella	20652 NW 27 th ave. Boca Raton, FL 33434	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated June 18, 2012.



Signature of a member or authorized representative of a member

Josephine Tribunella

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JUN 25 AM 8:54

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