

L12000146592

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 03 2015
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TOTAL PROSPERITY 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:

NICK GUILLEN

Name of Person

TOTAL PROSPERITY LLC

Firm/Company

100 N TAMPA ST, STE 2435

Address

TAMPA, FL 33602

City/State and Zip Code

NICKHFD@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICK GUILLEN

713 806-8028
at ()

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

TOTAL PROSPERITY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 1, 2015 and assigned
Florida document number L12000146592.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

100 N TAMPA ST

STE 2435

TAMPA, FL 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

100 N TAMPA ST

STE 2435

TAMPA, FL 33602

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NICK GUILLEN

New Registered Office Address:

100 N TAMPA ST, STE 2435

Enter Florida street address

TAMPA

City

, Florida

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
OTHER	ROBERT MITCHELL LINDSEY	18389 WAYNE RD	<input type="checkbox"/> Add
		ODESSA, FL 33556	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NICK GUILLEN	100 N TAMPA ST	<input checked="" type="checkbox"/> Add
		STE 2435	<input type="checkbox"/> Remove
		TAMPA, FL 33602	<input type="checkbox"/> Change
AMBR	NICK GUILLEN	100 N TAMPA ST	<input checked="" type="checkbox"/> Add
		STE 2435	<input type="checkbox"/> Remove
		TAMPA, FL 33602	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ROBERT MITCHELL LINDSEY- (AKA - MITCH LINDSEY, AKA - BOB LINDSEY, AKA - LINDSEY)

- IS NOT AN OWNER, MANAGER, AND OR MEMBER OF TOTAL PROSPERITY LLC AND IS HEREBY
BARRED FROM ANY AFFILIATION WITH TOTAL PROSPERITY LLC. IF ROBERT MITCHELL LINDSEY
ATTEMPTS TO ACT DIRECTLY AND INDIRECTLY ON BEHALF OF TOTAL PROSPERITY LLC IN ANY
CAPACITY PLEASE CONTACT ME BELOW ASAP:

NICK GUILLEN - 713-806-8028 - NICKHFD@HOTMAIL.COM

100 N TAMPA ST, STE 2435, TAMPA, FL 33602

THANKS

NICK GUILLEN - AUTHORIZED MEMBER/ MANAGER - TOTAL PROSPERITY LLC

DECEMBER 1, 2015

E. Effective date, if other than the date of filing: DECEMBER 1ST, 2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

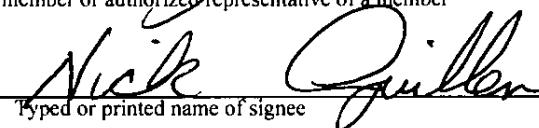
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated DECEMBER 1ST 2015


Signature of a member or authorized representative of a member

NICK GUILLEN


Typed or printed name of signee

15 DEC -2 AM 8:59
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA