

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
	WAIT	<u> </u>
. (Ви	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only



300253953583

12/04/13--01010--014 **25.00

2813 DEC -4 TH 3-44

B. BOSTICK
DEC - 6 2013
EXAMINER

COVER LETTER

TO:

Registration Section **Division of Corporations**

Prosperity Partners in Christ 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 Lindsey

Name of Person

Total Prosperity LLC

Firm/Company

1451 W. Cypress Creek Road Ste 300

Address

Ft. Lauderdale, FL 33309

City/State and Zip Code

admin@totalprosperityllc.com

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

For further information concerning this matter, please call:

Mitch Lindsey

at (855) 868-8025 X101

Area Code & Daytime Telephone Number

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prosperity Partners in Christ 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 November 28, 2012 and assigned Florida document number <u>L12000148871</u> 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2637 E. Atlantic Blvd Enter new principal offices address, if applicable: Suite 25289 (Principal office address MUST BE A STREET ADDRESS) Pompano Beach, FL 33062 2637 E. Atlantic Blvd Enter new mailing address, if applicable: Suite 25289 (Mailing address MAY BE A POST OFFICE BOX) Pompano Beach, FL 33062 دب 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Total Prosperity LLC	1451 W. Cypress Creek Road	Add
		Suite 300	Remove
		Ft. Lauderdale, FL 33309	<u>)</u>
MGRM	Total Prosperity LLC	21637 E Atlantic Blvd	Add
		Ste 25289	Remove
-		Pompano Beach, FL 33062	
			Add
		ALL'A	Remove
			Add
		TORIES	.c Remove
•			
			Add
			Remove
		**************************************	Add
			Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	
_	
_	
Dated	12/1 20/3
	Mith H
	Signature of a member or authorized representative of a member
	Mitch Lindsey
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00