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## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Souther		Liability Company	
The enclosed Articles of Amendment ar	d fee(s) are submitte	ed for filing.	
Please return all correspondence concern	ning this matter to th	ne following:	
E.	Scott	Schroede Name of Person	
		Firm/Company	
1100	oo Pro	Sperity Fary	nsRd#202
Pau	MBeach HSCHC E-mail address: (to be	ch Gardens, ity/State and Zip Code occurred to the used for future annual report notification.	<u>fi 33410</u> gmail. 10m
For further information concerning this	matter, please call:		
E Scott Schy	roeder	at (SG) 493 - Area Code Daytime Tele	SOOU phone Number
Enclosed is a check for the following ar	nount:		
	iling Fee & leate 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

Southern little, LLC	
(Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company were filed on 3 13 Florida document number <u>L1300003850</u> This amendment is submitted to amend the following:	and assigned
A. If amending name, enter the new name of the limited liability company here:	
Prosperity Title, LLC The new name must be distinguishable and end with 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)	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our received agent agent and agent age	ords, enter the name of the nev
registered agent and/or the new registered office address here:	-··•
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street ad	ldress 👙
	, 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, provisions of all statutes relative to the proper and complete performance of my duties	

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Kristy LWalker 11000 Prosperty from Remove Title □ Add □ Remove □ Add ☐ Remove □ Add □ Add ☐ Remove

the date this document is filed by the Florida Department of State)	The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	• • • • • • • • • • • • • • • • • • • •			_
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Dated July 18, 2014	Dated July 18, 2014	The effective date must be	specific, cannot be prior to date of rece	ript or filed date and cannot be more than 90 days a	nal) ifter
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	Signature of a member or authorized representative of a member				

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Filing Fee: \$25.00