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K. SALY EXAMINER

JUL - 9 2013

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:	Pros peri le LC Name of Limited Liability Company	
The enclosed Articles of Art	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Carlos J. Figueroa Name of Resion	
	Prosperite LLC Firm/Company	
	•	
	1224 Lake Bessayne Way	
	Address	
	Oclardy J/ 32824 City/State and Zip Code	
	Prosperikef/20/3 @ amail- Com E-mail address: (to be used for future annual report notification)	
For further information con	ncerning this matter, please call:	
Sonia N.	Concepcion at (407) 243-7944 Person Area Code & Daytime Telephone Number	
Name of P	erson Area Code & Daytime Telephone Number	
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ed)

MAILING ADDRESS:

ist calculating

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

FILED

13 JUL -8 PM 2:59

SECRETARY OF STATE

Praraerito La	10	SECRETARY OF S
/ W ~ / ·	ompany as it now appears	TALLAHASSEE FLOOR
(Name of the Limited Liability Co (A Florida Lim	ited Liability Company)	- CORIDA
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on	4/15/2019 . and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company bere:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	"," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Osceola	Souare Hall
(Principal office address MUST BE A STREET ADDRES	383/ //	Square Wall). Vine St
[Trinciput office unuress MOST BL A STILLET ADDICES	Kissimi	nee, F1 34741
Enter new mailing address, if applicable:		
• • •		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		r records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	r 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Hgr	Sonia N. Concepcion	Drando, Fl 32824	Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			 Add
			Remove
			Add
			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
Dated	\$ 7/1/2013 .
	Signature of a member or authorized representative of a member
	Carlos J. Figueroa Typed of printed name of signee
	Typed of printed name of signee

me of

Page 3 of 3

Filing Fee: \$25.00