L1700012428F

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	· • #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
• •		
l		





700278594077

10/30/15--01024--014 **60.00



NOV - 3 2015 J SHIVERS

COVER LETTER

Division of Con		K	
Prosperity SUBJECT:	Five, LLC		
JOBGECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dana Davidson		
		Name of Person	
	Prosperity Five, LLC		
		Firm/Company	
	8358 W. Oakland Park Blv	vd, Suite 100	
		Address	
	Sunrise, FL 33351		
		City/State and Zip Code	
	prosperityfive@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Davidson, Dana		954 239-0309 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 3230!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prosperity Five, LLC				
(<u>Name of the Lim</u>	ited Liability Compa (A Florida Limited	nny as it now appears on our reco Liability Company)	rds.)	
The Articles of Organization for this Limited	Liability Company	were filed on	and assigned	
Florida document number L13000124288	·			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	icable:	8358 W. Oakland Park Blvd		
Principal office address MUST BE A STRE	ET ADDRESS)	Suite 100		
		Sunrise, FL 33351		
Enter new mailing address, if applicable:		8358 W. Oakland Park Blvd		
Mailing address MAY BE A POST OFFICE	E BOX)	Suite 100		
- 11		Sunrise, FL 33351		
3. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	rds, enter the name of the	
	8358 W. Oakland Park Blvd, Suite 100		SSS	
New Registered Office Address:		Enter Florida street addr	ress O T	
	Sunrise	, I	Florida 351 N 177	
	-	City	Zif 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>	Address	Type of Action
MGRM	Ron Davidson	8358 W. Oakland Park Bivd, Suite	
		Sunrise, FL 33351	■ Remove
			☐ Change
MGRM	Hila Davidson	3390 N. 40 Street	□ Add
		Hollywood, FL 33351	Remove
			☐ Change
			Add
			□ Remove
			Change
			☐ Remove
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change

	, ,		
•			
· · · · · · · · · · · · · · · · · · ·			
			
			
		<u> </u>	<u></u>
			<u> </u>
		H H A	N
			20 \(\sigma\)
		ــــــــــــــــــــــــــــــــــــــ	72.5
		FLORIO,	620
· · · · · · · · · · · · · · · · · · ·			
	· · ·		
	October 30, 201	5	
fective date, if other than in effective date is listed, the date	the date of filing:	(optional) te of filing or more than 90 days after filing.) Pu	rsuant to 605.02
ote: If the date inserted in th	is block does not meet the applicable	statutory filing requirements, this date wil	I not be listed
cument's effective date on t	he Department of State's records.		
record specifies a dela	aved effective date, but not an	effective time, at 12:01 a.m. on	the earlier
The 90th day after the		and the time, at all to a time on	tite carrier
0-4-1 20	2015		
ottober 29			
	\sim 1		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00