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COVER LETTER

TO: Registrat Division	tion Section of Corpor		- *		
SUBJECT:	150	9 PROSPERITY FARM	AS, L.L.C.		
		Name of Lim	ited Liability Company		
		endment and fee(s) are sub	_		
		Thomas R. St	anley, II		
			Name of Person		
	,		Firm/Company		
		1735 S.E. St. Lucie Blvd.			
			Address		
		Stuart, Florid	a 34996		
		City/State and Zip Code			
	_	tstanley@me	.COM to be used for future annual	remort notification)	
For further informa	ation conc	erning this matter, please co		report notification)	
Thomas R.	Stanley	П	at (630)	631-2274	
1	Name of Pe	rson	Area Code	Daytime Telepho	SEC 7
Enclosed is a check	k for the fo	ollowing amount:			
525.00 Filing F	Fee [3 \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is end		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is smallesed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION **OF**

1509 PROSPERITY FARMS LLC

(Name of the Limited Liability (A Florida	Company as it now appears on our records.) imited Liability Company)		
The Articles of Organization for this Limited Liability Co	mpany were filed on <u>July 21, 2014</u> and assig		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed hiability company here:		
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.		
Enter new principal offices address, if applicable:	1735 S.E. St. Lucie Blvd.		
Principal office address MUST BE A STREET ADDR	Stuart, Florida 34996		
Enter new mailing address, if applicable:	1735 S.E. St. Lucie Blvd.		
Mailing address MAY BE A POST OFFICE BOX)	Stuart, Florida 34996		
3. If amending the registered agent and/or registregistered agent and/or the new registered office addronance of New Registered Agent:	red office address on our records, enter the name of ss here: Thomas R. Stanley II		
New Registered Office Address:	1735 S.E. St. Lucie Blvd.		
	Enter Florida street address		
Stu	, FIO.162		
New Registered Agent's Signature, if changing Registered	City Zip Code		
	NECHIL.		

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, If this decument 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.

Page 1 of 3

UL I CHEUT CHE LE UME VALE L'ESVEUS.

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Authorized Rep <u>resentative</u>	John J. McGlynn III	759 South Federal Highway	Add
		Suite 200F	☑ Remove
		Stuart, Florida 34994	☐ Change
MGR	Thomas R. Stanley II	1735 S.E. St. Lucie Blvd	XI Add
		Stuart, Florida 34996	☐ Remove
			Change
			CJ Add
		***************************************	☐ Remove
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E. Effective date, if other than t	he date of filing: must be specific and cannot be prior to date of filing or more that	(optional)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requ	irements, this date will not be listed as the
(b) The 90th day after the re	ecord is filed.	2
Dated January 5	2017	
	A STANDE	SECTO I
	Signature of a member or authorized representative of a m	ember
	Thomas R. Stanley II	20 E
· 	Typed or printed name of signee	19.5 E. O.
	Page 3 of 3	ORUE 34
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Filing Fee: \$25.00