

L 14000150825

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

8 FEB - 9 2015



## WOODWARD, PIRES & LOMBARDO, P.A.

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J. TODD MURRELL

January 29, 2105

### VIA FEDERAL EXPRESS

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

Re: Articles of Amendment for Prospect Financial, LLC  
Florida Document number # L14000150825

Dear Sir or Madam:

Please find enclosed herein a completed Cover Letter and Articles of Amendment to Articles of Organization for the captioned LLC to amend the name to:

3557 Prospect Ave. Financial, LLC

Also enclosed is our firm's real estate trust account check #1904 in the amount of \$30.00 as payment for the filing fee and a certificate of status for the entity. Thank you for your assistance in this matter.

Sincerely,

  
Kelly M. Hebble

Paralegal for Eleanor W. Taft, Esq.



REPLY TO:

3200 TAMiami TRAIL N.  
SUITE 200  
NAPLES, FL 34103  
239-649-6555  
239-649-7342 FAX

606 BALD EAGLE DRIVE  
SUITE 500  
P.O. BOX ONE  
MARCO ISLAND, FL 34146  
239-394-5161  
239-642-6402 FAX

WWW.WPL-LEGAL.COM

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Prospect Financial, 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:

Eleanor W. Taft

\_\_\_\_\_  
Name of Person

Woodward, Pires & Lombardo, P. A.

\_\_\_\_\_  
Firm/Company

3200 Tamiami Trail N., Suite 200

\_\_\_\_\_  
Address

Naples, Florida 34103

\_\_\_\_\_  
City/State and Zip Code

khebble@wpl-legal.com

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

For further information concerning this matter, please call:

Kelly Hebble, Paralegal

239 649-6555

\_\_\_\_\_  
Name of Person

at ( )

Area Code

Daytime Telephone Number

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

## Prospect Financial, LLC

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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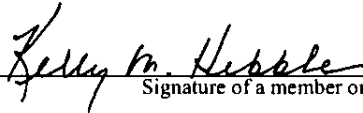
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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)

Dated January 29, 2015



Signature of a member or authorized representative of a member

Kelly M. Hebble

Typed or printed name of signee

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