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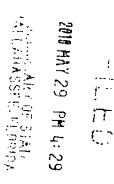
	(Requestor's Name)
	(Address)
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	(Business Entity Name)
	(Document Number)
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COVER LETTER

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CHBICZY		AGNANT PROSPERITY LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The mulesta	BARBOT AGNANT PROSPERITY LLC			
			-	
Please returi	n all correspo	ndence concerning this matter	to the following:	
		JOSEPHINE BARBOT		
			Name of Person	
		BARBOT AGNANT PRO	SPERITY LLC	
			Firm/Company	
		2915 NW 60 AV		
			Address	
		SUNRISE FL 33313		
			City/State and Zip Code	
		_		ication
For further i	nformation co			reality.
		meering this matter, prease e		
JOSEPHINI			at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy
		NG ADDRESS:	STREET/COURI	
		ition Section n of Corporations x 6327	Registration Section Division of Corpora Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARBOT AGNANT PROSPERITY LLC		·
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number 114000191532		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		20
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		TANA Y
No. 10 Mary 18 and 18 a		47 9 F
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		33 - 5
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	ciù.	гір Сойе

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
MGR	JEANINE BARBOT	2915 NW 60 AV SUNRISE FL	□ Add
			☐ Remove
			Change
			Add
			Remove
			Change
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ocument's effective date on the	Department or ;	State's records.				
e record specifies a delay			t an effectiv	e time, at 12:	01 a.m. on th	e earlier
The 90th day after the r	ecord is filed.					
MAY 23, 2018		SUNK	ise f(,			
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