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(Address)

(Address)

(City/State/Zip/Phone #)

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2018 MAY 29 PM 4:29  
CLERK OF SUPERIOR COURT  
ALABAMA

B FIGUEROA

JUN 04 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BARBOT AGNANT PROSPERITY 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:

JOSEPHINE BARBOT

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

BARBOT AGNANT PROSPERITY LLC

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

2915 NW 60 AV

\_\_\_\_\_  
Address

SUNRISE FL 33313

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

ABARBOT2004@GMAIL.COM

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

For further information concerning this matter, please call:

JOSEPHINE BARBOT

786

7091072

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
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

## Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JEANINE BARBOT	2915 NW 60 AV SUNRISE FL	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2018 MAY 29 PM 4: 29  
ST. JAMES' LUTHERAN CHURCH  
1111 AHA STREET, PORTLAND, OR 97206

177

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MAY 23, 2018

## SUNRISE Fl.

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JOSEPHINE BARBOT

Typed or printed name of signee