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COVER LETTER

Division of Corporations
SUBJECT: Seeds of Prosperity LLC Name of Limited Ligibility Company
·
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Andisha M. Richardson Name of Person
Seeds of Prosperity LLC Firm/Company
2117 Wolf Rd Address
Orlando FL 32808 City/State and Zip Code
andisha_richardson & yahov. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andisha M. Richardson at (407) 431-2207 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S10.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on _ 15 10000 68368 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
MGR	Calvin Payne	718 doby Ave	
	·	Orlando, FL. 32805	Remove
	\bigcirc	, 1	Change
MCR	Gary E. Woodard	6701 Afra Westgate DR. Apt. 1106 Orlando F.I. 32818	Z Add
		32818	Remove
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()wher	Andisha M. Richardson	2117 Wolf Rd	
		Orlando, PZ. 32808	☐ Remove
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ffective date, if other than the an effective date is listed, the date made inserted in this ocument's effective date on the	ust be specific and block does not r	d cannot be prior neet the applica	able statutory fi	more than 90 days	optional) s after filing.) Purs s, this date will	suant to 605,020 not be listed a
e record specifies a delaye The 90th day after the re			t an effective	e time, at 12:	01 a.m. on t	he earlier o
		, <u>2018</u>				
Pated 06/12	//					
Dated 06/12	Signature of a	member or author	rized representat	ve of a member		

Page 3 of 3

Filing Fee: \$25.00